STUDIES ON MEDICAL AND POPULATION SUBJECTS

No. 14

Morbidity Statistics from General Practice

Volume I (General)

by

W. P. D. LOGAN, M.D., Ph.D. Chief Medical Statistician, General Register Office

and
A. A. CUSHION
of the General Register Office



LONDON . HER MAJESTY'S STATIONERY OFFICE 1958

TABLE OF CONTENTS

	1
General Considerations and Organisation	2
Measurement of Morbidity	_ 2
Organisation	6
Selection of Practitioners	5
General Observations	7
Occupation Study	9
Methods	10
Record-keeping	10
Survey Record Card	11
Instructions and Definitions.	13
Processing of Records	15
. Presentation of Results	_17
General Remarks	17
Unit formity of Recording	18
Multiple Diagnoses.	19
Determination of Populations	20
General Considerations	20
Mothod of Counting	RO
Changes in Size of List	21
Differences between Population Counts and .	
Executive Council Figures	21
Charges in Practice Populations	23
Estimated and Not Known Ages	23
Commentary on the Statistical Tables	25
Conclusion	48
	Object of the Survey. Organization. Selection of Practitioners. Selection of Practitioners. Occupation Study. Methods Describes and Printing Study. Methods Describes and Printing Study. Describes and Describes and Study. Describes and Describes and Describes and Study. Describes and Describ

(90090)

Table 3

Sex-age Percentage Distribution of Survey Population compared with that of England and Wales (mid-year 1955) by Standard Region

Patients Consulting showing Frequency of Consultation by Sex and Age with Consultation Rates per Patient Consulting and per Patient Registered	58
Table 7	
Patients Consulting showing Frequency of Consultation in each Standard Region with Consultation Rates per Patient Consulting and per Patient Registered	59
Table 8	
Frequency of Illnesses by Sex and Age, and Illnesses per Patient Consulting with an Illness	60
Table 9 Consultation and Patient Consulting Rates per 1,000 Population by Sex and Age for the Principal Diseases and Conditions Diagnosed	61
Table 10a Consultation Rates per 1,000 Population by Type of Practice, and in Standard Region for the Principal Diseases and Conditions Diagnosed	90
Table 10b Patient Consulting Rates per 1,000 Population by Type of Practice, and in each Standard Region for the Principal Disease and Conditions Diseases	ng.

11

Practices by Regions, Number of Principals taking part, Consultations and Consultations per Patient on List, Patients Consulting, and Patients Consulting as Percentage of List

Numbers of Consultations and Rates per 100 Population by Sex and Age in each Standard Region 56

Numbers of Patients Consulting and Rates per 100 Population by Sex and Age in each Stendard Region 57

Table 4

Table 5a

Table 5b

Table 6

Table Ha

Table IIb	
Patient Consulting Rates per 1,000 Population by Sex and Type of Area for Selected Diseases and	129
Conditions .	169
Table 12	
Average Numbers of Consultations per Patient	
Consulting by Type of Practice within the Main Regional Groups for Selected Diseases and	
Conditions	170
CONTRACTOR	400
Table 13	
Consultations and Patients Consulting for Reasons	
other than Sickness	148
Table 14	
Admissions to Hospital by Type of Practice within	
Main Regional Groups and by Sex and Age, with	
Rates per 1,000 Consultations and per 1,000	
Diseases and Conditions Diagnosed	146
Table 15 Admissions to Hospital. Numbers by Sex; Rates	
per 10,000 Total Admissions and Rates per	
100 Diseases and Conditions Diagnosed by Type of	
Practice for Certain Selected Diseases	148
1100000 101 0010000	
Table 16a	
Consultations, Total Patients Consulting, and	
Patients Consulting for the first time, by months, for Certain Selected Diseases occurring	
in 39 Selected Practices during the Survey Year	154
IN 39 Delected Ligarites duling one parted lost	
Table 16b	
Consultations, Total Patients Consulting, and	
Patients Consulting for the first time, by	
months, for Certain Selected Diseases occurring	
in 8 Selected Practices in the Northern Area during the Survey Year	150
during the survey lear	
Table 160	
Consultations, Total Patients Consulting, and	
Patients Consulting for the first time, by	
months, for Certain Selected Diseases occurring	
in il Selected Practices in the Midland Area	
during the Survey Year	162
Table 16d	
Consultations, Total Patients Consulting, and	
Patients Consulting for the first time, by	
months, for Certain Selected Diseases occurring	
in 20 Selected Practices in the Southern Area	
during the Survey Year	166

opendix List of Principals and Qualified Assistants who took part in the Survey
pendix II Members of the College of General Practitioners Who took part in the organising and planning of the Survey

Constitution of the standard regions of England and Wales

1v

INTRODUCTION

This report describes a statistical study of the clinical records of 100 general practices in England and Wales during the buckee nonthe May 1985 to April 1985 carried out jointly by the College of General Practitioners and the General Register Office.

Be been 1961 and 1964 the General Register Office had concuted a small experimental entry of the collection and statistical analysis of ten general practitioners' clinical records. Practitioners such as Redestries and Foldace had already shows the value of systematic observation, recording and entrysis of the sub-red-office as minds general tensor and the sub-red-office as a single general content of the sub-red-office are not sub-red-office and the sub

Meanwhile, in 1988, the College of General Prestitioners was founded and, with the dealers dimersel is smooringing and furthering research by general precitioners, quickly went shead with the formation of a seasonst Committee and the compilation of a register of College members especially interested in research. At a meeting of representatives of the College and the General Register Office, in November 1865, there was ready agreement on Collaboration in a large-read's existence of the College of College and the General Register Office, in November 1865, there was ready agreement on collaboration in a large-read's existence of the College of College of

This Study reflects the joint offorts of the two bodies throughout. In owes much to the support of the Ministry of Real th, and to the Arrice and encouragement of the Registran General's Arrisony Committee on Medical Momenclature and Statistics, and of the Research Committee of the Council or the College of Ceneral Persistence.

(90090)

Printed image digitised by the University of Southempton Library Digitisation

CHAPTER I. GENERAL CONSIDERATIONS AND DRGANISATION

Measurement of Morbidity

Information about the prevalence and incidence of disease in the general community is of value to the clinician, the research worker and the administrator, but the practical difficulties of collecting, tebulating and analysing large mumbers of events are very great and, until comparatively recently, little work had been dome in this field.

Mortality statistics which served the public health reformers of the nineteenth century very well are no longer sufficient in themselves; knowledge is needed of the amount and variety of all types of disease whether or not they are reflected in the death registers.

The only morbidity statistics at present available for the whole country are those relating to the notifications of infectious diseases, but, as is well known, the notifications are themselves incomplete in varying degrees.

A comprehendive survey of movidity would need to corrulate information from three sources: firming from the patient, for a scount of those minor conditions which he has treated himself or left to get better without seeking medical string; secondly, from the doctor for details of diseases for which he has beet committed; the second of th

Another method of measuring morbidity is by the analysis of medical certificates of intempority. The Winitary of Femions and National Insurance analyse send year a semple of National Insurance medical certificates of intempority, and this is a valuable source of information on morbidity emains describing, in the sense of absence from vary, knong the insured sowing nopulation, which, sheares from vary, knong the insured sowing nopulation, which, in this analysis are taken from the medical certificate completed by medical practitioners.

ed image digitised by the University of Southampton Library Digitisation Uni-

^{*} Studies on Medical and Population Subjects So. 12. The Survey of Sickness, 1943 to 1862. H.M.S.O. price 4s. net.

Hospital morbidity statistics, now becoming available on a comprehensive scale, are important for many purposes, but clearly cannot contribute such to our knowledge of the general prevalence of most forms of illness.

The general practitioner is, in many respects, well placed to provide morbidity statistics from his routine clinical notetaking. He sees most diseases at some stage or other, except for very minor conditions which do not cause disability. For the middle range of disease he is, indeed, the only person who can give reliable information, for many such diseases are seen rarely in hospital. Although he is in a position to be able to supply information, its actual provision is far from easy for the general practitioner working on his own. Any comprehensive analysis of the morbidity of his practice will entail a great deal of clerical work both in recording and analysis. The best he can hope to do, without outside help, is to concentrate on a particular disease or group of diseases or a particular aspect of his work, or to group his data into very broad classifications of disease, ages and so on. It is, therefore, essential to give assistance to the general practitioner if the full notentialities of his records are to be realized.

Object of the Survey

The object of the present Survey was, in essence, the simple one of researching, in total and for each dieses, the smouth of sickness encountered in general practice. This basic information can be divided to give figures for different seg-groups, areas, occupations, etc., but the fundamental content of the tables in this Study is the amount of sickness encountered, measured by the number of patients affected and the number of medical consultations entailed.

This object was agreed at the first meeting of representatives of the college of General Prestitioners and the General Register Office, and preliminary plans for its resization were drawn up. Three major decisions had to be taken: the number of practices to be included, what was to be recorded, and the period over which recording should continue.

The number of practices had to be decided within the limitations supposed, on the one hand, by the number of dectors who can tions supposed, on the other, by the amount of material which could be handled in the tabulation and analytical processes. It was, in any event, difficult to decide the optimum number of practices needed for adequate oversuge and reasonable representation. The doctors taking part would be volunteers willing to undertake sertse work because of their interest in general practitioner research, and it was likely that, for this reason alone, the Sirvey doctors would not be truly representative of all general practice. The more practices which were included the greater would be the chance that individual variations would cancel each other out. The College representatives thought that sufficient of their members could be expected to volunteer to cover about 100 practices, and this being the number the Omeral Register Office and also had in mind, this number was decided upon, with the understanding that appreciably zero or fewer many than the college status provided the fairly close that expected. The College extrants proved to be fairly close and 171 doctors in 100 practices took part in the Survey. The selection of practices is discussed below.

The information to be recorded by doctors was not settled immediately but gradually evolved as planning proceeded. The main principles of recording were, however, agreed: that doctors should record every consultation given to their patients during the period of the Survey and that recording should be kept to essentials with "frills", however attractive, excluded. In the experimental study conducted earlier by the General Register Office* only ten practices had been included and, with such a small number, personal visits from staff of the central office were possible in order to explain instructions, answer queries, enlarge on definitions and confirm that things were going as they should. This was not practicable in the larger survey and success in achieving uniformity and completeness of recording had to depend almost entirely on the doctors: co-operation and understanding of what they were asked to do. Written instructions had to be provided to cover every aspect of the Survey. If the data to be recorded had become too complicated and the instructions too voluminous there would have been a danger that the doctor would fail to understand what was wanted or throw in his hand. Many suggestions were made for attractive and valuable lines of research, such as family studies, duration of illness, incapacity and the importance of stress disorders, but any suggestion that meant a departure from the paramount aim of simplicity of recording could not normally be accepted. The information the doctor was eventually asked to record for each of his patients M9.81 --

- (1) Name and address (for identification only)
- (11) Sex
- (111) Date of birth or age
- (iv) Diagnosis and dates of consultations
 (v) Admission to hospital
-

^{*} Studies on Medical and Population Subjects: No. 7 General Practitioners' Records. H.M.S.C. price 8s. 6d. net. No. 9 (in continuation of No. 7) General Practitioners' Records. H.M.S.C. price 6s. 8d. net.

The third safer decision to be taken was the length of time the Barrye about continue. The sinisms period was thought to be takelve souther to cover winter and names period was thought to be takelve souther to cover winter and names complete picture because calls on the general practitioner can vary considerably from year to year, depending on weather or epichenic diseases. Against this, however, the burden on the doctor of recording for a longer time had to be borne in mind, as also did the increase of tabulating work. A wealve-conth period was eventually decided upon from Mny isos to April 1906. A period other than the calendar year was deliberately chosen to include one complete winter season tracker than parts of but. Mare were no sajor opidetic during rather than parts of but. Mare were no sajor opidetic during marks opinion of doctors seeking was generally mild and the general opinion of doctors seeking was generally mild and the general opinion of doctors seeking was supposed to a suits rear.

Organisation

At each stage of the Survey an informal working party of representatives of the College and the General Register Office formulated policy and settled major questions of application. Detailed proposals were them drawn up by the General Register Office and submitted to the College for observation and criticism.

The executive work of Organisation and administration was corried out by the General Resister Office, which was also responsible for the tabulation and statistical analysis of the results. The College provided the records, helped to maintain the standard of recording and was ever ready to help and advise those taking and planning ever shown in Appendix II. The Organisation

The Eurrey owes most to the doctors taking part. For many of them the Survey offered little that would be of immediate personal interest and their participation was the result of a desire to constitute to a community project for the general good. Participations are not additional work, the lose of leaser than a community project for the general good. Participation will be a substitute to the substitute of the survey of the substitute of the survey of the surve

A list of Principals and Qualified Assistants who took part in the Survey is shown in Appendix I.

Selection of Practitioners

An initial invitation was sent by the College to members on the College Research Register in April 1954. 246 replies were

received from doctors either willing to take part or expressing interest. Each of these doctors was then asked to complete a questionnaire on the situation, organisation and circumstances of his practice. The one criterion for acceptance into the Survey at this stage was the ability of the doctor to provide complete records for a known population. This was automatic in the case of singlehanded practices and partnerships in which all partners were willing to take part; the number of patients on each list or on the combined lists was known and records would be kept for all patients in the practice. In some partnerships, however, not all the partners were willing to take part and, if each partner was not solely responsible for a particular section of the practice list, complete records for a known population could not be made available. Not all part-partnerships had to be refused on these grounds: in a number of cases there was a clear division of patients between partners, or the division was sufficiently clear for volunteers to be able to persuade their partners into co-operating by keeping records for a few marginal patients or for occasional relief surgeries. In all. 27 doctors had to be excluded because complete records could not be guaranteed.

The questionnaire on practice circumstances contained informstion on what participation would involve, and practitioners were given an opportunity to reconsider their decision to take part. A number of them did have second thoughts and 48 of the 246 who had originally expressed interest withdrew at this stage - or later, because of ill-health or changes in practice circumstances. The actual number of doctors who were willing and able to take part was not finally known until just before the start of the Survey year, and this influenced the selection of practices to be accepted. It was originally hoped that sufficient volunteers would come forward from all parts of the country to enable selection to be made on a gaographical basis. The response, however, was uneven and, although special measures were taken in two regions, it become apparent that geographical representation, proportionate to population, could only be achieved by reducing the number of practices to well below 100. The decision as to whether geographical representation or the total number of practices should be the primary objective in selecting practices was influenced by the uncertainty as to which of the practices would eventually be able, or be found suitable, to take part. A geographical distribution of practices could have been worked out by not accepting some practices in over-represented regions but a very few withdrawals, particularly of large partnerships (as did occur), would have been sufficient to unset the distribution. It was decided that a significant reduction of the number of practices, with only an uncertain advantage of better geographical representation, was too high a price to pay for the loss of total coverage of all available and suitable practices;

it was, in any case, uncertain how much reliance could be placed on spongenical varietions of morbidity if based on the remaint or comparatively few practices. All practices found suitable (with the atception of two late volunteers in already over-represented regions) were therefore accepted and, altogether, 171 doctors in 100 practices took part in the Burrey.

The spongenshipal distribution of the practices and populations

is discussed in Chapter V.

General Observations

The Burvey was limited to National Health Service patients as these constitutes known population to which events can be related for calculating rates. The number of private patients in a proctice is never known exactly as patients only communit when in need of medical attention and the doctor has no means of knowing exactly how many patients would communit in his forceasion areas. The Survey practices were, in fact, composed mainly of National Health Service patients.

The draft Survey record cards and instructions were tried out in seven practices for a formith some months before the Survey began. The doctors in these practices recorded on the draft cards all consultations given to their patients during the trial period and sent the cards, together with their comments on the recording procedures and instructions, to the General Desires Office. An officer cards were exemined, familes noted and queries marked. An officer of the General Desires of the participants and discussed the points made. This practical teat, followed by the exchange of comments and criticism, led to several memories both to the layout of the draft record card and to the draft

A further week's trial was had in all practices shortly before the sart of the Survey. The purpose of this was to test the clarity of the recording instructions, and a few Almor alterations or additions to definitions given in the ware made as a result. A list of errors and omissions detected in the exemination at the clark of the company of the com

The proper drafting of instructions is crucial to the success of an enquiry of this sort where close supervision of file-work is impossible and missers to queries cannot be given immediately. What had to be prepared for the Survey was a document which would enable the salient points to be understood at first or second resading valwhich would contain sufficient detail to answer queries as they arose. A sameral practitioner has little the community asst

(90090)

Printed image digitised by the University of Southernston Library Digitisation Unit

of voluntions noise whenever he sees a patient and the instructions necessarily had to be clear and to the point. At least a document of the produced by members of the College and the General Pentister Office and semende, analgemented, shandomed, and improved before the final instructions were evolved. This was by no means time wasted.

The records of patients leaving practices during the Survey years are used to check make a few and of recording. The medical record envelopes of patients leaving practices are normally sent by docume to local broad make the practices are normally sent by docume to local broad make the practices are normally sent to sent were made to mean the patient office. The Survey practices to be sent and withdrawn from the envelopes most never years the amounting interventions were been compiled with I was also from possible to check the Survey record as a few and the practice record and started on the sential record wavelope. Errors or calesions were referred to the doctor. The "exit's cards for each practice were again examined periodically in batches for inconstancies or errors not obvious from single cards. Few errors games and these were nearly all minor ones.

The record envelopes of patients leaving the practices were also used to estimate the change-over of patients in each practice during the Survey year. A note on this is given in the section dealing with the determination of oppulation (see page 23).

It was appeared that there would be some witherswale during the Eurrey pare because of preserve of vork or changes in practice circumstances but this expectation was scarcely realized. Only no doctors withdrew because of the work involved and, in both instances, partners remaining in the Eurrey were able to carry on recording for a reduced list of patients. There was a change of principled in several practices but recording was continued by most partners, and in owner has elected variety for truntably, femiliar with the Eurrey procedure, having previously been an assistant in sucher Surrey practice, and was able to continue recording.

Difficulties which could not be resolved arose only in five practices. In three, discrepancies in the records were found, and in the other two a satisfactory population count could not be made.

Doctors' intervet was maintained in several ways during the Surwey year. General sports on the progress of the Survey were sent from time-to-time and visits were made by officers of the General Register office to earlie queries or overcome difficulties. On these occasions the Opportunity was taken to visit neighbouring bructices and, altogether, 80 of the 100 practices were visited at

some time or other. Additionally, the Survey was discussed at many central and faculty meetings of the College when eithers all by one of the Survey practitioners would be given or those taking part would get together informally and exchange ideas and opinions. In these several ways there was a dollberte either to make the doctor feel that he was not a mere recording machine switched on on the first of May 1858, and left to run for they enoths.

Occupation Study

The study of morbidity in relation to occupations was made a separate part of the Survey. To obtain information about patients! occupations meant considerably more work for the doctor, and participation in the Occupation Study was made additional and optional. The extra work was not only the recording of occupations as patients consulted but the making out of Survey record cards and recording of occupations for all patients. This was necessary to provide "at risk" populations to which sickness experience could be related and rates calculated. The same problem did not arise in determining sex-age populations, as sex and age were generally available on the medical record envelopes. Doctors could be expected to be consulted by about 60 to 70 per cent of their patients during the year, but the remainder would not be seen and enquiries would have to be made. either of relatives as they consulted or by letter or visits to patients' homes. About three-marters of the doctors volunteered to undertake this additional work.

The relationship of morbidity to occupation is complex and the results of this analysis will be published separately in a further volume of this series of occasional publications.

CHAPTER II. METHODS

Record-keeping

A search practitioner hide a medical record envelope for each of he karican learnt Service patterns and his file of envelopes represents his *list*. The envelopes are issued by N.H.S. Executive Councils on behalf of the Ministry of Health, and withdrawn by them when a patient dies or leaves the country. In the warm of a patient changing doctors, the record envelope is a functional transfer of the order of the patient changing doctors, the record envelope is a functional areas envelopes of each N.H.S. patient readems within their areas. Description of each N.H.S. patient readems within their areas. Description of the patients of th

The medical record envelope contains on the front the patient's name and address, Ni.5, number and sometimes date of birth. The reverse is ruled into three columns in which the dotor can record dates of consultations, place of consultations are consultations. The reverse is consultations are consultations of the consultations of the consultations of the consultations of the consultations are consultations. The consultations are not be enveloped to be a been used up. These are kept inside the envelope, together with hospital notes, correspondence, see the consultation of the enveloped to the consultation of the consulta

The extent and method of record-keeping waries widely in different practices. Noted doctors use the record envelope and continuation early, with or without adaptation, as the basis of their record system, but others prefer an entirely independent system. Some doctors record all consultations or items of service given to their patients whereas others record only summaries of illnesses or particulars they regard as important or likely to be of future use. Almost all doctors develop their own system of abbreviations and medical shorthand. With such widely differing methods and standard say oblication investigation of general practitioners' records must lay down standard of initions and procedures if the data from different practices are to be at all procedures if the data from different practices are to be at possible, as was done in the General Register office experimental study, to adons trainfyinds wereas to produce commercial experimental study, to adons trainfyinds wereas to produce commercials remains

but this places a very large burden on the central organisation which has to reproduce the data in a standard form for mechanical processing. The only justification for such a procedure is the study and evaluation of different systems of record-keeping.

Survey Record Card

A special card was designed for the Survey and this was used by all doctors, teating part. In most practices records were entered on the Survey cords, in addition to those normally kept in the practice, but a few doctors used only the Survey card; in these latter cases the Survey cards were returned to the doctors after processing to preserve the continuity of their records,

The Survey record card is reproduced below:

Surnam		Forenite	N	
Aftres		Sex	Date of birth	or Age
Occupa (Enter fi	tion other's acceptation for children	under (5).	Industry	
	Diagnosis		Date of consultance	Admis- sion
				+
				1
				1
				1

It is of a size to fit easily into the medical record envelope, and the black edges made it easily distinguishable from continuation cards also kept in the envelope. The reverse of the card provides a further eight lines of diagnosis, date and admission columns.

Fractioners either made out cards as far as possible for all patients before the Jurys began, or waited until patients consulted. As explained in the previous chapter, those doctors who were not taking part in the occupation study needed only to make out cards for patients who containted them, whereas those who had agreed to record occupations had to complete cards for all patients.

When a patient consulted his doctor for the first time during the Survey year the doctor entered the disease or condition diagnosed on the first line of the card and the date of the consultation in the first date-box on that line; subsequent consultations for the same condition were entered in the following date-boxes. If the patient was suffering from more than one disease at the same time each diagnosis was entered on a separate line, the date inserted against each and the dates ringed to show that the diseases had been diagnosed on the same occasion. sequent, different diseases for which the patient consulted were entered on new lines and dates of consultations inserted as usual. Fresh episodes of the same illness were not, however, distinguished but consultation dates continued on the same line. The patient with colds in November and April, for example, would be recorded as "Coryza 7.11/3.4". Any admission to hospital was noted by a tick in the "Admission" column against the condition necessitating the edmission.

The smaller boxes in the space for diagnosis served a double purpose as indicated in the footnote to the card. Firstly dectors linked lines where more than one line of date-boxes was used for the same condition and, secondly, indicated smended or changed diagnoses.

An exemple of the first use is:

1	Chronic Bronchitis	4	8/8/55	15/8	2/9	8/9	16/9	+
2	Sprain left ankle		23/7	27/7	1/8			+
3	Cellulitis of finger		11/8	16/8				+
4	Chronic Bronchitis		3/12	17/12	2/1	9/1		+

	and, of the second	use				 	
1	Acute Tonsillitis		12/10/55	14/10	18/10		+
2	Dyspepsia	4	4/11	7/11			+
3	Coryza		1/12	5/12			+
4	Gastric Ulcer		7/18	18/12			+

In this case the two consultations recorded on line 2 would be counted as consultations for mastric ulcer and added to those recorded on line 4.

instructions and Definitions

The notes to doctors on how to complete the Survey card contained a number of instructions and definitions designed to promote a uniform standard of recording, and these are important in assessing the results of the Survey.

Doctors were asked to record the date and diagnosis made at each consultation given to their N.H.S. patients, excluding private patients and temporary residents treated under the National Health Service. A consultation was defined, for the purposes of the Survey, as: "Any occasion when a datient attends for medical treatment or advice at the general tractitioner's surgery, whether during general surgery hours or by appointment, or when the general tractitioner visits the datient to give treatment or advice elsewhere ". This definition excludes two categories of service given by moctors to their patients, firstly, consultations unconnected with medicine, such as giving references as to character and countersigning non-medical documents and, secondly, indirect consultations (by letter, telephone or through a third party). The first exclusion is a proper one in a morbidity survey although not unimportant in assessing the service a doctor gives to his The second exclusion, however, is important in the measurement of morbidity. The extent to which a doctor gives advice or treatment indirectly is affected by several factors. The practice area, the amount of auxiliary help available, the class of practice and, by no means least, the doctor's way of working, all affect the number of indirect consultations and thus the number of direct consultations recorded for the Survey. One doctor in the Survey, for instance, has a high proportion of retired professional men and their families in his rather scattered His patients prefer to seek advice and ask for repeat prescriptions by telephone after the initial surgery examination and diagnosis. The practice secretary takes the telephone calls, refers to the doctor and makes out repeat prescriptions for his signature. The prescription is then collected by the patient at

his convenience and the necessity for attending surgery avoided. This is contrary to the experience of other types of practice where patients only use the telephone in an emergency and where the doctor has to see those patients off work weekly or formightly to remow certificate.

It would have been more eministratory to include indirect model and the emprison of the emperisonal study shows that this was no emprison of the reporting of surgery attendance to the emperison of the recording of surgery attendance to the emperison of the empe

Numbers of consultations given to patients in a practice will also vary with other aspects of practice organisation and circumstances. As explained in Chapter V members of patients consulting are a truer guide to norbidity.

The diagnals to be recorded was defined as "mny diseases(s) or condition(s) trended or advised or at a consultation". Any number of diamnesse could be entered for a particular consultation, provided that send disease was relevant to that consultation, provided that send disease was relevant to that consultation. Dectors were asked not to record durant or incidental conditions. Dectors were asked not or record durant or incidental conditions doctors were asked not send to the dark symmetric if the consultation was not concerned with them. For provisional disposes, could be sended to give a lost the dark symmetric in the disposal sound to be sufficient to the disposal was either sended, or could be sended with the disposal was either sended, or could be sended by the disposal was either sended, or could be sended with the disposal was either sended, or the disposal was either sended, or could be sended with the disposal was either sended, or the disposal was not sended, the symmetry of the disposal was not make, the symmetry was the consistency of the disposal sended was not made, the symptom was taken in processing and tabulating as the condition emisting the consultation.

A hospital admission was defined as "any overmight stay in hospital, or attendance during the day if the patient occupied a mard bed". The New of Mospital was interpreted fairly broadly and embediatory definitions instituted the practitioner to contradistations to extentity homes where the patient passed out of his care, or admissions to private mursing homes if for a reason which would otherwise have necessitated achieston to a hospital.

many cases practitioners do not send patients directly in to hospital but first refer them for a specialist's opinion as to the need for an operation or treatment in hospital. The practitioner may wall not see the patient again until after the admission is arranged, treatment completed and the patient discharged. He will, however, normally be advised by the hospital of the arrangements made and treatment given. In these cases, doctors were asked to enter the admission on the Survey record card as soon as they became aware of it. Occasionally a patient was admitted to hospital who did not consult his doctor (during the Survey year) for the condition causing admission. This happened particularly for conditions for which there was an admission waiting list and the initial reference to hospital had been made before the Survey began. A patient requiring tonsillectomy, for instance, might have been referred for a specialist's opinion before the start of the Survey, placed on the waiting list and them admitted during the Survey year. On discharge he might not need to consult his family doctor and his Survey record card would not contain any mention of the tonsil condition. The doctor would, however, know from the hospital report that the patient had had a tonsillectomy. These "nonconsulting admissions" were covered by the insertion of the diagnosis with the word "No" in the first date-box and a tick in the admission box.

Processing of Records

At the end of the Burwey year doctors withdraw the Survey record cards from their medical record caveleges and sent then to the Omeral Register Office. The cards for each practice (ungester will now cards for payllers is leaving the practice will offer the cards of the payllers is a simple of the cards of the cards

The major coding task was the conversion of displaces into the numerical categories of the International Statistical Classification of Dischess, injuries and Chasse of Death. Apart from the coding of general practic Monoco Chappens were derived the coding of general practic Monoco Chappens were derived by the coding of general practic Monoco Chappens were derived the case of the case of

single summery disposis, as in effect happens in equivies concerned with one particular point of time, but this is not possible without detailed knowledge of each case. The best that can be done is to treat each disposit separately to produce figures for each condition and them, by various coding or tabulating devices, group together related conditions to give group totals. For example, the patient disposed as suffering from enursathenia and psychoganic purtures is contrad esparately for each condition but counted only once in the group total of patients consulting with "expendence tool disorders". This grouping has however, very expensive of coding and tabulating time, and has only been done to a limited extent.

A machine card was punched from the coded data for each separately coded condition and the cards sorted and counted on conventional punched-card machine equipment. The tabulations intil Study are a selection of the data which could have been produced the time taken to process the records, and the need to the control of the control of

General Remarks

The consultation and the reason for it are the basic items of information in general practice records; the patient attends his doctor's surgery or is visited at home by his doctor, his complaint is diagnosed and treated, and an entry made in the practice records. Then these two items of information - consultation and diagnosis are based all the tabulations in this Study.

Consultations can be counted in a variety of ways to measure and illustrate different aspects of morbidity or of the doctor's work. Counting numbers of consultations, without reference to their cause, gives a broad picture of the total volume of sickness encountered in general practice, and smaller groupings can show the contributions made to the total by the different sexes, age-groups, regions and so on. When related to the diseases causing them, consultations show the relative importance of different diseases. Alternatively, by counting only the first consultations given to each patient, the total number of sick persons can be obtained, or, by counting the first consultation for each disease the number of nationts suffering from each can be obtained. Or again, counting the numbers of consultations given to each patient provides information on the frequency with which different sections of the population seek medical attention.

Various methods of counting consultations have been used in producing the tables in this Study, but the two most important are the numbers of total consultations and of first consultations for all and for separate diseases. The first consultations are, for want of a better term, described in the tables as "patients consulting". More specifically this should be "patients consulting for the first time during the Survey years, or for separate diseases -'patients consulting for the first time during the Survey year for this particular disease*. A simpler term, perhaps, would be "first consultations * but this is frequently used to imply different illnesses or different episodes of illness whereas, in the Survey, no distinction has been made between separate attacks of the same illness on the patient. Thus, a patient with two attacks of acute bronchitis during the year has been counted as one patient consulting for acute bronchitis, whereas both episodes would have been counted in the usual connotation of first consultations.

The decision not to differentiate between separate attacks or episodes of the same illness was taken reluctantly. Had it been practicable to do so, recording different episodes separately would have provided information on the duration of different illnesses (at least in so far as this can be judged from dates of first and last consultations), but the difficulties of drawing up workable

(90090)Printed image digitised by the University of Southernston Library Digitisation Unit definitions for a general purpose survey precluded this. The doctor would have had to judge each case separatally in order to deside whether it was a completely new episods or the recrudescence, exacervation or continuation of an old condition. Many cases would insertiably have been orderline cases for which general definitions would have been useless, and the doctors decision decimal continuation of the decimal continuation of the decimal continuation and evaluation it was therefore decided not to add to the work of recording.

Committation rates are unsatisfactory measurements of morbidity in different prestice because of differences in practice circumstances and organizations. A doctor in an area of relatively low morbidity who sees his patients more orten will jet just as many consultations as a doctor in an area of high morbidity. In total, however, it is likely (though it cannot be proved) that practice variation tend to cancel each other out. The combined observed that in the low of the control of the combined observed that the control of the combined observed to the combined observed to the combined observed that the definition of a commutation for the purposes of the Survey control of the combined observed that the definition of a commutation for the purpose of the Survey control of the combined of the

A truer mide to normidaty is given by the maintax consulting rates. These also are affected by practice circumstances but a casualter extent, and then mainty only for minor conditions. Although patients may not consult quite so resultly for minor conditions in areas where surgery attendance involves a long and periage incommunitar journey, the doctor will, wherever his practice is attented, find himself equally called in for the great majority of significant linesees. Then, regardless whether the liness leads to one, two, three or twenty consultations, it represents only one "patient consulting".

In calculating ref. populations have normally been used as of communitations atthough the numbers of patients consultations have conselimity also been used. Populations to match the various numerature have been built up from the ser-age distributions of the patients of each practice.

Uniformity of Recording

Definitions, however closely drawn and however closely applied, can only lead to uniformity in so far as basic diagnostic criteria and practice procedures are uniform. That basic procedures are not uniform has been shown above in the comment on the variations in consultation rates. Basic diagnostic criteria also differ; each octor has a separate institudial approach to disease,

in which his medical training, his age, his interests, and his attitude towards his patients, and towards medicine, all play a part. Those individual approaches to disease are reflected in the practice records.

Diagnosis is the identification of disease by masns of the natient's symptoms and by clinical signs. A completely accurate identification is sometimes both unnecessary and unwise: unnecessary because the form of treatment does not depend on it, and unwise because to establish an accurate diagnosis often means extensive evening tion and investigation. The general practitioner can therefore, sometimes make a diagnosis without having to be certain that it is completely accurate, knowing that whatever name he gives to the condition, it will not affect his treatment of it. Another doctor might well give the same set of symptoms a different name. but his treatment would be essentially the same. This relative unimportance of strictly accurate diagnosis does not. of course. apply to many diseases where specific treatment is required and correct identification is necessary. Also, identification of many conditions is often obvious, and differences in diagnosis will be generally confined to the more minor conditions and to symptom complexes.

To lay does esmand disgiscatic criteria is impossible and, in any vent, the improvement in the records would probably be slight, particularly in large-scale enquiries, such as the present Survey, share differences will not to cancel ach other out. Nevertheless, tidn. Individual doctors' preferences have resulted in oversia temman or understatement of particular diseases.

Hultiple Diagnoses

Practitizers were saked to record each disease or condition with which a communication was consensed. In tabulation by diseases and conditions, each disease or condition recorded has been counted separately, but for total numbers without reference to disease only the one consultation has been counted. Numbers of consultations for separate diseases, therefore, total to more than the actual number.

CHAPTER IV. DETERMINATION OF POPULATIONS

General Considerations

The solud of determining practice populations was largely severed by practical considerations. Total numbers of pattents in the control of th

It is necessary for practical purposes of calculation and presentation to represent the population of a practice by a single flapre. A doctor's list continually changes as births, now regicial to the second of the second of the second of the second of the calculation in his care, and a single population figure can only, on scattery hasts chosen, represent an estimate of actual numbers. The matched of conting used gave a figure representative of the practice population as certain time and, unless there was evidence to be material changes during the year of the burway, this representative fluore was accepted as the population of the practice.

Method of Counting

Doctors were asked to go through their files of medical record newwippes and list the sex and year of birth of each patient, where available. Special *sape-cards* were provided for insertion in envelopes where birth—dates were not known; the aspeciant were alightly failer than the record envelopes and essected where a slightly failer than the record envelopes and essected where the patient is the patient of the sex of the patient of the participe opposition was balle upon

In most practices there were best tably some age-cards remaining in record envelopes at the end of the year. Doctors first examined the contents of the record envelopes (nospital reports and correspondence) for micro table, the second envelopes (nospital reports and the patients, as not some or, things this, assigned the patients, as and over). A residue still remained in some practices as for as possible these cases were traced in the National Bealth Service fourthway Bealth Service fourthway Bealth Service fourthway Bealth Service Country Begisters but a very small proportion has bad to remain wook known, a summary of estimated and unknown ages is given later in this clauser.

Changes in Size of List

Doctors notified the General Negister Office of the number of pations credited to them by their Executive Councils at the end of each of the four quarters of the Survey year. In the great majority of practices there was very little (Intuntion in total numbers and the population as counted by the doctor has been taken as representative of the practice population throughout the year. More there as autoantial increase or dereams, a second count of the practice population was made at the end of the year and the average of the box

Intermetion was not available for a of the 100 practices! In the remainder, applications increased to 41 and decreased to 41 and decreased to 41 and the average increase was 4.0 per cent and the average decrease 1.2 per cent with a new surage change of pipe 1.0 per cent. Increases runged from 0.0 to 67.0 per cent and decreases from 0.1 to 6.8. A temperature of the practices with large increases had a disproportionate effect on the swramps percentage changes as is school by the median values—increases 20, decreases 1.0 and not change of pipe 0.5 per cent. In these 100 practices, the total number of patients listed by Executive Council was 27 percent of the council and 270.0 per cent.

A second population count was made and average numbers taken in the five practices with increases of more than 10 per cent (670, 16, 24.7, 18.0, 11.8 and 10.5 per cent). There was an increase of between 5 and 10 per cent in text practices and sean populations were calculated for two of these where the turnover of patients was also shows exerges, Only one practice has a substantial decrease, 5.8 per cent, reflecting a reduction from 467 to 440 patients during the way.

The overall effect of changes in list size is therefore comparatively alight and certainly not sufficient to misrepresent rates calculated for all practices or groups of practices.

Differences between Population Counts and Executive Council Figures

The total practice population flagre as counted by the doctor was cheeked against the number of patients credited to him by his Executive Council. The two flagres do not compare exactly, as the Executive Council flagre is the number of patients in the practice on a certain day (the end of the quarter), whereas the population count was considered to the council of the which made or may not have included the Danters or we period of time which made or may not

It was expected that most practice counts would give greater figures than Executive Council numbers, partly because temporary notification of new patients to doctors is administratively specific than withdrawal of the records of expetients, and partly because

practices tend to accumulate a surplus of record envelopes through duplication, or through filing and administrative errors. An attempt was made to reduce the number of surplus records held, by asking doctors to refer doubtful records to the General Register Office for checking with the Mational Health Service Central Register. In only two practices were such records referred, but it is known from later communication with doctors that the usual practice was not to count records of patients known or suspected to be no longer in the doctor's care.

A comparison between the population count and the Executive Council figure was not possible in ten practices because patients cared for did not correspond with patients credited to individual doctors. In partnerships the list of patients credited to each principal is sometimes nominal and the division of patients between partners is governed by practice circumstances and patients' preferences. In the 96 practices in which a comparison was possible the doctor's count was higher in 61 cases. lower in 34 and the same as the Executive Council figure in one instance. The average excess was 2.5 per cent (ranging from 0.1 to 11.3) and the average deficiency 1.7 (0.1 to 4.8) with a net average excess of 1.0 per cent. In all, 359,323 patients were counted by doctors against 355,568 credited by Executive Councils to these 96 practices - an excess of 1.1 per cent.

In a number of practices investigations into differences were made locally by Executive Councils or centrally through the Central Register. The local investigations in which record envelopes were matched against Executive Council index cards resulted in close agreement between the two figures but those made centrally were only partially successful as the Central Register contains only the area of registration and does not link patient and doctor. The investigations resulted in the excess being reduced from 1.1 to 0.7 per cent so that, overall, the difference is not large enough to affect rates calculated on a population basis. The overall difference, however, conceals the variations in separate practices and there is no clear reason for the relatively large excesses (seven practices with excesses of more than 4 per cent) or for the unexpectedly large number of practices with population counts lower than Executive Council figures. The most likely explanation is that minor inaccuracies were made in counting. A doctor's file of record envelopes is in constant use and the population count had, perforce, to be made at odd moments, with perhaps interruptions of several days or even weeks when this additional work could not be fitted in with the normal surgery routine. It would not, therefore, be surprising if occasionally a batch of record envelopes was omitted or counted twice. That discrepancies did not happen more frequently is surprising: the counting was a tiresome clerical 100 which doctors undertook willingly (if not slways cheerfully) and,

although in many practices secretaries, wives and children were pressed into service on occasion, it added quite a bit to the everyday work of running a practice.

In addition to the difference between population course and Security Council figures there is a known problem of national inflation of dectors' lists due to the seministrative difficulty of ensuring the withdrawal of records of all patients who die or leave the country. The more outloom effects of this gradual secumnisting the country. The more outloom effects of this gradual secumnisting these in test but some inflation uncombeaty results.

Changes in Practice Populations

During the Survey year medical rescord sivelopse of patients heaving practices were sent to the General Register Office for noting and for the stubdread of Survey record cards before transmission to Executive Councils. The record envelopes for each practice were counted to give the changeover of patients during the Survey year. The average practice rate of patients leaving uses per cent. The rate ranged from 5 to 1s per cent but in the majority of practices (60) it was between 5 and 1 per cent. In eight practices second population counts were made and reams of two counts taken to make allowances for changes in the seavage structure of the population.

The average rate of a per cent of patients leaving practices during the year, coupled with the average increase of just over one per cent, means that the average decotor in the Survey cared for about 1,000 patients at some time or other during the year for every 1,000 patients on his late at any one time. Rates in this Report have been calculated on the number of patients on the practice little at a particular time; this overstates rates concerning numbers of relients, as all patients at risk at any time untry the year could have been the contract of t

Estimated and Not Known Ages

8.674 patients (whose ages were not known and who did not consult their doctors during the Burwy year had their ages estimated into one of four broad age-groups (0-4, 15-44, 46-64, 46-

estimate. It is unlikely that many mistakes have been made in estimating ages as doctors know most of their patients sufficiently well to be able to judge their approximate age-group.

The number of patients whose age cauld not be traced or estimated was 175 no 0.4 per come. Not of these were patients who last settles gening the early ments of the Burwey before doctors and beginns on montrain ages from other members of the family. They have been proportionately distributed over the known ages for calculating rather.

CHAPTER V. COMMENTARY ON THE STATISTICAL TABLES

Sixteen tables are given in this volume, and these tables fall into six groups, each dealing with a different aspect of the Survey.

The representativeness of the population surveyed (Tables) to 3)

The population whose sciences experience has been smalymed mumbered 898,680 persons, or load per cent of the know population of England and Wales in 1968. This Survey population comprises the National Result Service lates of 171 doctors (Orinicpias) practizing in 105 general practices widnly distributed poscrephically throughout the country and to a fair degree suppresentative, sense of the country and will be suppressed to the country and will be suppressed to the practices, 45 were situated in the lorth of England, 16 in the Hiddhands and Wales, and 48 in the South; est were classified as urbam, no as semi-urbam, and 88 as urula. Compared with general practices in the country as a whole three was some scenes of partnership rescribes in the Southy as a correspondingly, some excess of

Details of the sex-age, regional, and urban/rural distribution of the Survey population is given in Table 2 and compared with the corresponding England and Wales population in Table 3.

Correspondence between the Survey and the national population distributions by sex and age was very close, viz. (percentage distributions):

	Survey p	population	England a	nd Wales, 1955
Age-group	Males	Females	Males	Females
Age O-	11.2	10.6	11.6	11.0
15-	18.7	21.0	80.2	80.6
45-	12.1	13.8	11.8	18.3
65 and over	5.0	7.8	4.6	6.9
All ages	47.0	Ext. O	40.4	61.0

The distribution of the Survey and national populations by standard regions* (bottom of Table 3) did not match quite so closely but nevertheless represented on the whole a satisfactory degree of correspondence.

s For constitution of the standard regions see Appendix III.

The urban/rural distribution of the Survey population was almost identical with that of England and Wales, in so far as the different methods of urban/rural classification used in the table below allows a walid comparison, viz. (percentage distribution):

pelow allows a varid com	parison, vis-	They centuge avoors	
Survey population	England and Wa	105, 1955	
Type of practice	percentage	Class of area	percentage
Urban Semi-urban Rural	58.8 21.4 19.8	Urban (a) Semi-urban (b) Pural	58.8 21.7 19.5
Total.	100.0	Total	100.0

Notes (a) Conurbations and towns with population 80,000 and over (b) Towns with population under 50,000.

These various comparisons in Tables 1 to 3 justify the conclusion that, in respect of sex see geographical and urbas/rural

distribution of population, and types of practice, the Burway characteristics and the property of the property

 General observations on consultation rates, etc. by sex, age, and region (Tables 4 to 8)

This group of tables deals with consultations in respect of all causes, without distinction of diagnosis or reason for consultation.

As is shown at the bottom of Table 4, the 386,869 splantate over the starter command that the footor on 1,409,155 occasions, representing an overall consiliation rate of 3.6 consiliations per patient on the total list. These consultations were in respect of 286,869 patients that is to any, during the period of 12 months covered by the SDITEMP, 97.0 per cent of all the patients on the total list consulted that footor at least

(90000) 26

once. Among the Various regional and urban/rural groups shown in Table 4 the percentage of patients consulting ranged from 58.7 (3 rural practices in the Eastern region) to 81.3 (1 rural practice in the South West). For individual practices (not shown in Table 4) the range of variation was rather wider. There was no evidence of consistent differences between the rates in urbansemi-urban, and rural areas.

Consultation rates and patients consulting per 100 population are given in Table Sa. b. by sex, age, and region. Except in childhood, female patients had, in general, higher rates than male, both in respect of consultations and of patients consulting, though there were some regional exceptions. Elderly patients had about twice as many consultations as children and young adults. There was much less difference in the proportion of patients consulting at each age, but in both sexes the highest rates were among children, with the elderly second.

	Consultatio	n rates	per 100 p	populatio	n
	All ages	0-	15-	45-	65 and over
Males	339	320	247	395	586
Females	408	309	370	418	641
	Patient cone:	1 ting no	tes nen	100 nomil	etton
	Patient consu				
	All ages	o-	15-	100 popul 45-	etion 65 and over
Males Females					

Though some of the regional differences in consultation rates were large (e.g. males, all ages: lowest, Eastern 264: highest, Wales 400), corresponding differences in the patients consulting rates were much less (males, all ages: lowest, Eastern sec highest, Midland, and London and South Eastern, both as),

As is shown by the frequency distribution of consultations in all practices in Table 6, just over a third of males and just under a third of female patients (all ages) did not consult their doctor at all during the year, 15 per cent of each sex had one consultstion, and just over 10 per cent had two consultations. elderly patients of each sex a much larger proportion had frequent consultations than among young patients.

The proportion of patients (both seves) with no consultations. Which averaged 33.0 per cent (Table 7) for all practices combined varied between 40.6 per cent amongst practices in the Eastern region to 20.8 per cent in London and South Rastern. This latter 27

region had the highest proportions of patients consulting from one to four times.

Regional consultation rates per patient registered are arranged in descending order in the next table (all areas, 3.8)

4.4
4.1
4.1
4.0
3.9
3.8
3.6
3.3
3.2
2.9

The last table in this section (Ruble e) deals with a different aspect of morbdity, manapy, the distribution of patients seconding to the number of different disgnoses recorded during the course of the Survey. In total, the recorded linesses numbered just over half a million (500, 440) and represented takes of 1.8 illnesses partient registered and 2.0 illnesses per patient consulting with an illness, i.e., excluding patients consulting for reasons other than illness. This latter rate was very alightly higher smong females (2.1) than makes (1.0), with a illness wattern in makes but not in females. The percentage of patients of each sex with 0, 1, 2, 5, 4 and over illnesses, is shown below-

No. of Illnesses	Males (All ages)	Females (All ages)	
0	37.5	31.8	
1	30.2	29.4	
ž	17.2	18.9	
3	8.5	10.5	
4 and over	6.6	9.4	

 Consultation rates and patient consulting rates, by diagnosis (Tables 9 and 13)

Table 9, and in particular the patient consulting rates by cliances, provide the principal results to energy from this Darroy, and represent the princip purpose for which the Surrey was carried out. The statistics closused in this section are Sherry crows, the most important in the volume. They provide, for the first time, a fairly accurate indication of the prevalence, by sax and say, of a large number of ideases about which this information me intherro been insufficient or wheel, subject to

(90(90) 28

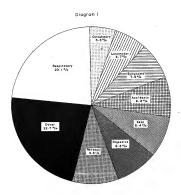
the provise that the statistic can be complete only for diseases that lead people to commut their destur. On neutrations measure statistically the amount of medical advice and medical care occasioned by linesses of various kinds end, in this sense, the consultation rates given in Table 0 indicate the load that each of the diseases recorded imposes on nations and observa. For the measurement of the prevalence of these diseases, however, more useful indicators are the parish commuting the set, i.e., the number of the consulting rates of the least once arring measurement of the service of the prevalence of these diseases, lowever, more useful indicators are the parish commuting the service of the condition services of the condition of the conditio

These prevalence rates are nather measurements of the number of patients under general practitions care at eay one point of time (moint prevalence), nor of the number of cases of illnesses commencing for the first this during the Survey period ("innesses or "innesses," but of the number of patients who consulted their doctor during the Survey period with the disaposts in question, regardless of when the illness begon, how long it lessed, or how many consultations were involved (period prevalence*).

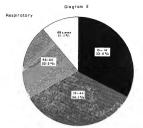
For very chronic diseases, however, the patient consulting rates will conform closely with "point prevalence rates", and for acute non-recurrent diseases of short duration the rates will correspond closely with "inception rates".

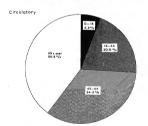
Diagram 1 compares various groups of lilnesses and Diagram 2 the age-groups of patients in two of these groups.

Table 9 is essentially a reference table and no purpose would be served by a detailed discussion or all the 26d diseases or conditions distinguished in the table. Some comments upon the patient consulting rates for a number of selected diseases may, however, be of interest.



Percentage distribution of diagnostic groups.





Percentage age distribution of patients suffering from diseases of respiratory system and circulatory system.

(90090)

31

Infective and Parasitic Diseases

Respiratory tuberculosis: The overall previatance (all assets was higher in makes (5.5 per thousand) than females (5.3). This difference erose, however, only at older ages: at 48-84 the male patient consulting rate was over three times, and at as and over four times that for women.

Diphtherial Not one case of diphtheria was disposed during the specied of the Gurvey. This is consistent with the national notifications of diphtheria, which during the Survey period undered applied to Cogreted notification). The consistency of the Gurvey dispersion of the contract of the company of the Gurvey dispersion of the contract primage one case would be expected, and the absence of any case is not surprising. Fifteen years ago a very different result would have been recorded.

Common infectious diseases of childhoot: A slightly higher prevalence was record some giart than buys in respect of carlet fewer, shooping coups, neales, rubelle, and chickmore. On the Color had been been than strike suffered from quantery, and the color had been been been sufficient for the color had been been sufficient for the color had been been sufficient to the boys and, up to 68, hore women than men, were recorded as having threshoome.

II. Neoplasms

Patient consulting rates for (a) all forms of malignant neoplasms (b) benign and unspecified neoplasms are compared in the next table (rates for thousand):

Malo

		INCO					-		-	
	All ages	0	15	45	end over	All ages	0=	15-	45	and over
Malignant neoplasms	5.2	1			25.1	l .	1			
Benign and	3.5	2.6	3.5	4.5	4.5	7.4	3.9	8.8	8.8	5.1

Forms Lo.

The overall among provilance was similar in the two soxes, and only at ages of and over the a substantial male excess appear.

In the substantial control of the substantial control of

The prevalence of multipant tumours (persons, all ages) was 6.2 per holmsed, a rate pointing to a total annual prevalence in this country as a whole (population at end of 1985, 44 million) of approximately 260,000 cases. This, it should be mentioned once more, does not represent the estimated number of concerp patients on any once of concerp patients on any once of a year, but the estimated made of the concerp of the prevalence of the concerp of the concerp of the concerp of the course of a year. But the estimated as once there of other current few courses of a year, but the estimated as must there of other current few courses of a year.

This total prevalence of 280,000 cases can be further estated to comprise some 8,000 cases of cancer of the breast, 27,000 cases of cancer of the skim, 28,000 cases each of cancer of the lung and atomach, 18,000 cases of cancer of the uturum, 18,000 cases of cancer of the promotes and a balance of 90,000 cases of cancer of the provisite and a balance of 90,000 cases of cancer of other sites. A large margin of error should be allowed for in these, settlantes.

Except for cancer of breast, rates for each form of cancer, including leuksents, were very low at agas under 45. Accuse, man, the principal sties recorded at agas 4,p-e4 were lung (e.1), each (1.0), each (1.0), each (1.0), the control of the cont

III. Allergic, Endocrine, Metabolic and Nutritional Diseases

Asthwa: The prevalence rate among boys under 15 (12.3) was double that for girls (6.4), and higher than for any adult

Goitre, thyrotoxicosis, myxosdama: At adult ages rates of each were much higher smong women than men.

Diabetes mellitus: There was an overall female excess and a female excess at each age except 15-44. Application of the patients consulting rate for persons of all ages (8.7) to the national population gives an estimated annual total prevalence of some 186,000 cases.

IV. Diseases of the Blood

age-group.

Pernicious anaemia: No cases were recorded among children. At adult ages prevalence was much higher among

women than men. The rate of 2.0 per thousand persons of all ages points to a total national annual prevalence of about 90.000 cases.

V. Hental, Psychoneurotic and Personality Disorders

Psychoses: At 15-46 there was a small excess of raid over female patients, but a thight rage the female rates were double the male. The rate of 2.2 per thousand persons suggests a national tool of 100,000 patients under smiding impetitions care at some time during the year. As, however, a considerable procurion of patients with Journal Hospital. The procurion of patients with Journal Hospital flower of 100,000 mat under-estimate the total annual number of such patients in the country.

Psychonourotic disorders: Prevalence at each age, including onlockod, was higher in females than makes. The total consultation rate [65.8] per thousand) was 4.4 per cent of the total consultation rate for all causes, and the total patient consulting rate [65.7] per thousand) indicated that one in very lifteen patients who communicy interest when the resultance of the total patients under survey was recorded as suffering from psychonourosis. Only acute macopharmystis [61.1] rehearant clasorater [64.9], and brounchis [61.3] among the litheses listed in Table 9, had higher rates of patients consulting. It should be understood, however, that comparison of the prevalence of these various disorders depends much upon the groupings used within the classification.

VI. Diseases of Nervous System and Sense Organs

Nervous disorders: Indications are given of the annual prevalence of a number of well-inform nervous disorders, i.e. cerebral vascular lesions (4.9 per thousand), multiple i.e. disseminated selectors (6.0), parlyais satisfans (6.0), cellopsy (5.2), sigraine (5.3), facial paralyais and trigeninal neuralgia (togosther 1.2), breablia neuritis (1.0), sciation (5.5). Sex differences were discernible for most of these, viz, a male excess at most ages for cerebral vascular lesions, paralyais agitums, pollepsy, and sciatica, and a female excess for multiple selectoris, migraine, facial paralysis and trigeninal neuralgia, and brachial neuritis. In some instances, e.g. cerebral vascular disease, although the sale rate at e.g. cerebral vascular disease, although the sale rate at each of the selection of the sale of the selection of the se

Eye disorders: Included in this group were the following: Conjunctivitis (14.0 patients consulting per thousand), stye (6.3), refractive errors (14.3), corneal ulcer (0.8), cateract (1.6), glaucoma (0.7). Sex differences were small, but in general there was some fersile excess.

Bar disorders: Prevalence of the various conditions listed here were outlets externs (6.50, ottils media (1.90,) Minifest cissess (1.80), **exar* (28.44), dealness (1.80). Ottils media stood out mongst the diseases in this section that affected childret there was practically no difference in prevalence between boys and girls.

VII. Diseases of the Circulatory System

Corpusy disease: The all ages prevalence was 5.0 for males and 2.6 for fembers, yeldings arate (persons) of 5.7. This represents the patients actually recorded as having corpusny disease. There were, in addition, 5.0 per thousand patients with disgusses of angine patents with those mention patients with disgusses of angine patents but open the service of the companion of the co

Coronary disease and angina pectoris -

patient consulting rates per i,000 population

	All ages	15~	45-	66 and ov
Male	8.8	0.9	16.9	37.7
Female	5.8	0.2	7.4	25.9

Applying the overall rate of 7.2 per 1,000 to the general publication suggests a mational annual prevalence of 320,000 persons under medical practitioner care on account of this condition.

Mycoardial degeneration: This condition, which still figures prominently on death certificates, had a prevalence of 4.5 patients consulting per 1,000. The majority were at ages 65 and over, and there was practically no sex difference.

Hypertensive disease: 1.0 per 1,000 patients had hypertensive heart disease and 14.7 had hypertension without mention of heart involvement. Prevalence of the latter was two to three times higher among women than men.

Variouse weins of legs: The patient consulting rates were: men 6.5, women 16.4. The rates at ages 65 and over were only slightly higher than at 45-64.

Haemorrhoids: The overall rate was 7.5 per thousand, with a male excess at each age. Prevalence was lower at 65 and over than at younger adult ages,

VIII. Diseases of the Respiratory System

Acute masopharyngitis (common cold): This condition, though not giving rise to the largest number of consultations, had the highest patient consulting rate of all the diseases listed individually in Table 9, viz. 81.1 per 1,000. This rate was about twice as high in childhood as at adult ages. At ages under 65, females were involved more than males.

Other acute upper respiratory conditions: The prevalence of these for persons, all ages, was: acute sinusitis (2.1), acute pharyngitis (28.3), acute tonsillitis (35.4), acute laryngitis and tracheitis (14.6), others (18.2).

Influenza: The period covered by the Survey May 1955 to April 1956) was free from epidemics of virus influenza, as is borne out by the comparatively low rate for patients consulting, viz. 38.2 per thousand.

Pneumonia: The all ages rates for patients consulting were males 6.4, females 5.3. The rates were lowest at ages 15-44. highest at 65 and over.

Bronchitis: This condition gave rise to the highest consultation rate (261.1 per 1,000) and the third highest patient consulting rate (62.3 per 1,000). Prevalence was lowest at 15-44, when there was a female excess, and highest at 65 and over where the rate for men was almost 50 per cent higher than for women. Of the five categories of bronchitis listed. *bronchitis" without further qualification was the one most frequently recorded, followed by "acute bronchitis" and then by "chronic bronchitis". The category "multiple" bronchitis refers to patients whose bronchitis was at different times recorded under different descriptions, scute, chronic, etc. They constituted only a small proportion of the bronchitis total (about a thirtieth).

IX. Diseases of the Digestive System

Ulcer of stomach: The overall patient consulting rate was 1.9 with a definite male excess at each adult age.

Ulcer of duodenum: With a rate of 5.9, prevalence was almost three times that of ulcer of stomach, and the predominence of male patients was much greater, e.g. at age 45-64, four to one.

In addition to ulcer of stomach and of duodenum there were a few patients (1.4 per 1,000) recorded as suffering from "bentic ulcer". 38

appendicitis: The patient consulting rate was 4.0. At ages under 15 boys were in excess but at 15-44 the male rate declined and the fewsle rate increased.

Hernia: There was a male predominance at each age, increasing progressively to give a sex ratio of five to one at ages 65 and over.

Cholelithiasis, Cholecystitis: For both of these conditions there was a female excess at each adult age. Patients consulting rates were 0.9 for cholelithiasis and 2.0 for cholecystitis.

X. Diseases of the Genito-urinary System

Nephritis and nephrosis: The overall patient consulting rate was 0.5 and varied little with sex or age.

Cystitie: At every age female patients for ournumbered male. In contrast with men there was no age-variation among women from 15 years upwards.

Disorders of menstruation, menopausal symptoms: These gave rise to patient consulting rates per 1,000 females (all ages) of 24.1 and 18.5 respectively, with dissimilar age distributions.

XI. Deliveries and Complications of Pregnancy, Childbirth and the Puerperium

This section excludes routine state-matal and post-matal statendances and uncomplicated confifments. These are classed as *non-alckness' (see Table 13). Complications of pregnancy gave rise to a patient communities rate of 8.2, abortion 3.1, complications of delivery 1.1 and complications of purportium 9.5.

XII. Diseases of the Skin and Cellular Tissue

among the conditions encountered the most frequent rates were boil and enrumcie (60.6), followed, all about equal in prevalence, by cellulitis of finger and toe (presumably mainly septic fingers) (10.4), impeting (10.6), dermatitis (Ex.1) and excess (12.8). Provinsia had an owerall prevalence of 5.5 per 1,000 with a slight female excess and a maximum prevalence in each sex at a maximum prevalence in

XIII. Diseases of the Bones and Organs of Movement

The group of conditions classed together as "arthritis and rheumatism, except rheumatic fever" gave rise to a patients

commuting rate of e4.0 and came second to acute manophrymatits in the order of prevalence rates of the conditions listed in Table 9. Applying this rate of 64.0 per 1.000 to the national population gives an estimated total annual prevalence of 2,900,000 patients under medical practitioner care during the course of a year.

The rates for rhounatoid and oster-arthritis and for arthritis unspecified, showed a definite feasile excess at each adult age. Luchago was maximal at ages 45-64, and at every age made patients predominated A similar sex-sage distribution, but with lower prevalence, was recorded for displacement of intervertebral disc.

XVI. Symptoms, Senility and Ill-defined Conditions

A large series of indefinite and symptomatic diagnoses are listed in this section, the most frequently recorded being cough (9.7 patients consulting per 1,000), abdominal pain (8.2), debility (7.2), headache (5.9), and disturbance of sleep (6.8).

XVII, Accidents, Poisoning and Violence

These have been classified not by the external cause of injury (e.g. motor which sendient) but by the nature of the injury sentended (e.g. fracture). The principal varieties of injuries encountered were spring (80.5 patients commuting per 1,000), contusions (80.4), lacerations (15.4), and fractures (9.0).

Consultations for reasons other than sickness or injury

as is shown at the bottom of Table 9, the commutation rate for 'non-sticeses' was 200. per 1,000 out of a total commutation rate of 5,781 per 1,000; that is, non-sickness cocumate for 5,8 per cent of the total number of consultations. In terms of patients commutating, the rates were 55:1 per 1,000 makes, and 69.7 per 1,000 feaths, by far the largest proportion of non-sickness commutations came from women agad 15-44. The warrious reasons for consultation are given in Table 13. Of the 75,800 commutations recorded, 85,100 were for routine enternation and the cartail care and uncomplicated confinements, in respect of 5,000 women that the commutation of 17.800 consultations (17.800 consultations), the monthly of which would be sixty to confidence.

Geographical and Urban/Rural Distributions (Tables 10, 11 and 12)

The tables in this section deal with the following matters:

(a) Consultation rates and patient consulting rates in the standard regions. These are given in Tables 10a and b, respectively, and cower a list of 28d diseases and conditions. Some examples of the regional variations recorded are shown in the following table (patient consulting rates (persons, all ages) per 1,000 population):

Region	Respiratory tuberculosis	Coronary disease and Angina	Bronchitis# and *Cough*	Acute nasopharyngitis	
All areas	2.9	7.2	72.0	81.1	
Northern	2.9	7.4	45.6	0.59	
East and West Ridings	2.7	10.1	80.3	67.8	
North Western	2.7	7.0	79.7	8.50	
North Midland	0.8	5.5	70.2	73.2	
Midland	4.2	5.9	66.8	116.0	
Eastern	2.4	4.8	40.4	60.5	
London and South Eastern	2.6	6.7	78.2	84.1	
Southern	3.6	6.2	57.1	59.0	
South Western	3.6	7.0	55.1	92.5	
Wales	4.8	9.4	93 -3	86.8	

/ see also Diagram 3. (Page 40)

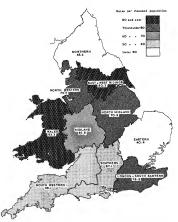
In contrast with the all practices experience, where the patient consulting rate for bronchitis was 62.8 and for cough 9.7, corresponding rates in Wales were 49.1 and 44.2.

(b) Consultation rates and patient consulting rates in urban, seat-urban, and rural practices. These are also given in Tables 10a and b and examples of the latter rates are as follows:-

Type	Respiratory tuberculosis	Coronary disease and Angina pectoris	Acute nasopharyngitis
Urban	3.3	7.7	66.0
Semi-urban	2.6	7.0	75.9
Rural	1.9	6.0	86.3

^{*} For constitution of the standard regions see Appendix III.





Patient consulting rates (persons, all ages) per thousand population, for bronchitie and "cough" in the standard regions of England and Wales. Nate-The constitution of the tooceaf region of England and Wales in shown in Apparet's MI. (c) Patient consulting rates, by sex, in three main regional groups (Northern, Midland and Wales, Southern) each subdivided into urban, semi-urban, and rural practices.

Taking psychoneurotic disorders as an example, the distribution of the patients consulting rates shown in Table 11s is as follows:

		Males			Females			
Hain Region	Urban	Semi-urban	Rural	Urban	Semi-urban	Rural		
Northern Hidland and Wales	29.7 36.5	21.0 24.6	21.2 22.3	64.1 69.7	52.1 52.9	47.7 49.9		
Southern	34.6	23.8	23.4	72.4	50.7	52.0		

Prevalence of psychoneurosis was much higher in urban than in rural practices.

 (d) Patient consulting rates, by sex, in practices situated in conurbations, large, medium and small towns, and in rural districts (Table 11b).

This is a somewhat more detailed breakdown by urbanisation than in the previous tables. Rates per 1,000 persons, all ages, for a number of causes are given below:

	All Causes	Respiratory Cuberculosis	Paychletric	Bronchitis and *Cough*	Boil and Carbuncle	Arthritis and Rhoumstism	Non-Stokness
Conurbations	662.8	2.6	51.3	81.0	24.1	74.0	48.6
Urban areas with population of 100,000 and over	888.4	4.0	50.8	77.8	20.5	50.8	40.8
Urban areas with population of 50,000 and under 100,000	0.389	3.7	39.6	78.3	18.8	89.8	49.1
Urban areas with population under 50,000	662.0	2.9	45.4	71.2	18.2	63.4	55 - 4
Rural Districts	638.8	2.0	37.3	54.7	17.1	55.5	87.0

In contrast with the general tendency, which was for patient consulting races to be lowest in rural districts, patients consulting for reasons other than stokeness (mainly routine maternity consultations and incoulations) had highest rates in rural districts and lowest races in the large tooms and communications.

(e) Average numbers of consultations per patient consulting (Table 12).

. (90090)

41

The first part of the table (all diseases and conditions) further ealphes data given in bube 7 by shoulds, for each ear, consultations per patient commuting, in the urban, sent-urban, and rural practices in three main regional groupings. Females averaged 5.0 consultations per patient commuting, compared with 5.3 for makes, and this difference occurred in each of the inter geographical divisions distinguished. There was a small areas of consultation frequency in rural over urban practices, and a higher frequency in the northern than the southern practices.

Consultations per patient consulting (all causes)

Northern	Midland and Wales	Southern
6.0	5.7	4.9
5.7	6.0	4.9
6.1	5.9	5.4
	6.0 5.7	6.0 S.7 5.7 6.0

Similar rates are given in the table (Table 18) for a list of about 100 causes of consultation. Pew, if eny, of these showed any consistent urban/rural differences but several gave clear indications of having higher consultation frequencies in the north than in the south.

Two examples are given in the table below:

Frequency of consultations for patients consulting with coronary disease or angina pectoris

Type	Northern	Midland and Wales	Southern
Urban	9.2	6.7	6.3
Semi-urban	9.7	9.3	6.8
Rural	8.3	6.8	7.6

Frequency of consultations per patient consulting with malignant neoplasms

with malignant neoplasms				
Type	Northern	Midland and Wales	Southern	_
Urban	12.1	9.8	6.7	
Semi-urban	14.9	12.7	12.4	
Rural	12.5	9.6	9.5	

Admissions to Bospital (Tables 14 and 15)

During the course of the Survey year a total of 16,310 admissions to hospital were recorded, of which 15,862 were *direct* admissions arranged by the doctor following a consultation, and 448 were "indirect" admissions that had taken place without a previous consultation for the condition leading to admission. In relation to the total number of patients on the practice lists, the 16,210 hospital admissions gives an admission rate of 42.6 per 1,000 compared with a national rate of 82.2 per 1,000 given by the Ministry of Realth for 1955. The low rate recorded in the Survey is presumably, to be accounted for partly because some admissions took place that were not recorded for one reason or another and partly because the recording of re-admissions for the same condition was not required. Be that as it may, the Survey admission rate in relation to population is misleadingly low and has not been shown in the two tables (Tables 14 and 15). Rates have, however, been calculated per 1,000 consultations and per 1,000 diagnoses, and comparisons of these are given by sex, age, geographical areas, urban and rural practices, and by cause of admission,

Admission rates, either on the basis of consultations or diagnoses (Table 14), were higher for males then females at all ages except 18-44. Rates were twice as high at older than at younger ages.

Admission rates per 1,000 diagnoses (all practices, all causes)

(
Age-group	Males	Fenales		
0-14	24	19		
15-44	27	32		
45-64	40	29		
65 and over	52	40		

Admission rates were higher from rural than from urban practices, and were higher in the south them elsewhere.

Admission rates per 1,000 diagnoses (persons, all ages)

Type	North	Midland and Wales	South	
Urban	29	29	31	
Semi-urban	31	26	31	
Rural	32	38	40	

Table 15 lists about 80 diseases and other conditions necessitating admission to hospital (excluding uncomplicated maternity) and shows for each of these (a) the proportion of total hospital admissions that it gave rise to and (b) the admission rate per 100 times the disease or condition was diamosed.

The conditions that caused the highest proportion of total admissions were (rates per 10.000 total admissions recorded):

Tonsils and adenoids	629
Appendicitis	586
Malignant neoplasms	513
Hern ia	418
Fractures	356
Benign neoplasms	316
Pneumon ia	221
Cerebral vascular lesions	184
Respiratory tuberculosis	178
Psychoses	168
Psychoneurotic disorders	158
Ulcer of duodenum	158

Looked at from the other point of view, the proportion of times admission to hospital was arranged for patients suffering from the leading conditions listed were (rate per 100 times. diamosed):

Tonsils and adenoids	51
Malignant neoplasms	48 '
Abortion	36
Psychoses	32
Respiratory tuberculosis	27
Hernia	24
Delivery (complicated)	24
Rheumatic fever	21

83

21

Nephritis and pephrosis 6. Seasonal variations in consultations (Table 16)

nd image digitised by the University of Southampton Library Digitisation Unit

Appendicitie

A number of diseases are well known to have a seasonal pattern of prevalence, for example, the common acute infectious diseases and the respiratory infections. There are many others, however, about which not much is known, and 22 of these have been selected and tabulated in Table 18 from the records of 39 representative practices. For each month of the Survey year the table shows the number of consultations, the number of patients seen and the number of patients seen for the first time during the Survey year (but not necessarily the first time ever). For May, the first month of the Survey year, the number of patients seen and of patients seen for

the first time are identical, and in looking for variations in the occurrence of me cases this north mut be disrepticed. For the more chronic diseases the figures for lar morths, particularly June and July, are also litable to be slightly instanted one to commutations with patients seem only at long intervals. Total numbers of consultations and total numbers of patients seem each north are not, however, affected in this way and growing some check upon the figures shown for patients seem for the first time.

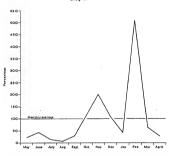
In addition to giving data for the 30 practices, Table 16 subdivides these into 8 northern, it midland, and 20 southern practices. The number of practices selected in each are was chosen so as to yield a population distribution similar to that for England and Males as a whole, viz:

Comparison between the Percentage Distribution by Area of the Populations selected for the Seasonal Tables, and the Civillan Population, England and Males mid-1955

Area	Number of Practices	Selected Population	Percentage	England and Wales, 1985	Percentage
North	8	42,765	31.14	13,636,846	31.05
Hidland	11	32,850	23.78	10,482,171	23.87
South	20	61,912	45.08	19,797,283	45.00
England & Wales	39	137,327	100.0	43,916,000	100.0

The majority of the classess distinguished showed little evidence of seasons variation, song those that did vary were Bormbon disease (high incidence in July and August in Southern area), spident (winter ventime (souther, November, Pebrusty in Southern area, Februscy in Northern area), evytheme nodesum (clother to hard in Midlands and South), and pyrate of unknown origin (dume to October in all areas, especially July to September in the South).





Epidemic winter vomiting. Consultations as percentage of monthly overage for all regions.

Number of patients seen for first time during the period dune, 1955, to April, 1956

		Bornholm	disease		Ep1c	iemic wint	er vomi	ting
	North	Midland	South	Total	North	Midland	South	Total
June	-	1	6	7	-	2	2	4
July	-	-	20	20	-	-	2	2
Aug.	4	-	11	15	-	-	1	1
Sept.	-	-	2	2	-	-	3	3
Oct.	-	1	1	2	-	2	10	12
Nov.	-	-	1	1	-	3	20	23
Dec.	-	-	-	-	1	2	9	12
Jan.	-	-	-	-	2	-	3	5
Feb.	2	-	-	2	10	-	29	39
Mar.	-	-	1	1	-	-	6	6
Apr.	-	-	-	-	-	-	3	3
		Erythena.	nodosuv	1	Pyr	xia of u	iknown c	rigin
	North	Hidland	South	Total	North	Midland	South	Total
June	1	-	-		12	15	28	55
July	1	-	-	1	19	13	52	84
Aug.	-	-	-		15	20	72	107
Sept.	-	1	-	1	15	12	64	91
Oct.	-	2	4	6	16	16	22	54
Nov.	-	1	2	3	11	14	15	40
Dec.	2	1	-	2	l a	1.6	92	47

Jan.

Feb.

Mar. 2 2

Apr. 1

14 14 36

13 21 40

17 19 44

8 11 24

CHAPTER VI. CONCLUSION

This volume has described the methodology and presented the semenal statistical results of a noticitity survey based on the clinical revorces of a large number of general practitioners. It intended in a second volume to consider occupational sapects of morbidity, while a third volume will discuss the findings of the survey from a more clinical viseopists.

The survey was undertaken for the purpose of measuring the prevalence and the distribution of sickness as seen by general practitioners. This is only a part of the total volume of sickness experienced by patients (see Survey of Sickness*) but much of this total volume is made up of medically insignificant conditions that cause negligible disability and do not require medical care. While some estimate of this total volume of sickness is desirable the study of morbidity can often, and indeed usually, be carried out better on records of sickness to which some limiting qualification attaches that makes it more significant or more measurable: in that it has led to confinement to bed, or caused incapacity for work, or required medical attention or admission to hospital. In limiting the definition of sickness in such a way, biases are introduced of one kind and snother, mainly because it is then not only the fact of sickness that is taken into account but also the way in which the patient has reacted, voluntarily or involuntarily, to his sickness. There is no completely satisfactory solution to this difficulty, but a reasonable compromise is to aim at morbidity statistics that cover as wide a range of sickness as possible. consistent with some definite event or action that qualifies the sickness for inclusion within the statistics and with, at the same time, a reasonably accurate medical diagnosis of the sickness.

These dasidersts are not by general practitioners' clinical records and upon this fact lies the justification for embarking upon a survey that has caused much work for the general practitioners who volunteered to take part and for the staff required to tabulate the

results.

The statistics in this volume give, for a large and representative sample of the population of this country, a conspectus of the sickness that led them to consult their doctor over the course of a continuous is smooth period, and indicate, with an accuracy sufficient for most purposes, not only the volume of nedically treated sickness encountered but its distribution by diagnosis, ear, age, geographical area and (in the next volume) occupation. Norbidity satistics of this kind are a designable satisfiery to diffused pression, by

^{*} Studies on Medical and Population Subjects, No. 12. The Survey of Sickness, 1943 to 1988. H.N.S.O. price 44. net.

contributing an element of factual measurement to subjective impressions shout the relative numerical importance of the various diseases that doctors have to deal with; these norbidity statistics contribute, too, to medical research by providing quantitative stock that are the basis of all epidemiological investigation; and they are useful adjuvant to the administration of the health service of the contry, providing it with many of the medical facts and of the contry, providing it with many of the medical facts and of the problems with which it has to deal.

This general practitioner norbidity mirray not only represents an important plomeer advance in the schallage of norbidity measurement, it also provides, for the first time on a major scale, a comprehensive collection of norbidity statistics for the general properties of the second of the second

d image digitised by the University



Table i. - Practices in Survey by Main Regional Groups, Type, Composition and Size of List according to Ministry of

201	-												i
	-	Number	Single-handed	panded		Partitionships	2			Size of List	THE		
	рц	Practices	No assistant	One or more	of of 2 members 3 members	of S members	of 4 or Up to 1,001- nore nembers 1,000 2,000	1,000	1,001-	2,001-	Up to 1,001-2,001-3,001-4,001-0ver	4,001-	0ve
rthem	<u> </u>	â	81		13	0	ю	*1	10	17	ω	62	8
idland and Wales	10	18	vo		ю	7	63	,	w	+1		*	
nthem		â	17	ю	13	0	63	62	4	91	22	4	
rben	1	12	83	-	17	40	02	80	10	51	14	9	ñ
mal-urban		8	ю	,	4	9	62	'	н	2	0	03	Ψ
rel		13	φ		40	60	ю	,	10	u2	н	02	#
890	No.	106	\$	60	62	88	7	10	14	83	10	9	ñ
in Survey	W.	100,0	27.7	7.5	4.72	20.8	9.6	8.8	13.2	800.8	19.6	9.6	26.0
il practices in England ind Wales	tR.	100.0	87	9.0	58.8	to on	5.3	10.4	17.7	21.8 16.7	16.7	10.0	18
This table shows the actual composition of practices.	ans th	se actual	composition	a of practice	1	cludes Doz	It includes nom-participating principals and their patients from	1g prin	cipsis	and the	ir pat	lents D	5

51

partnerships where only certain members took part.

52

0,348 10,174 1,04 1,04 1,04

*87.31 S

(90000)

6.128 1.671 6.631 4.672 358

888	1,000 0 00 1000	286 642 136
27.2 21.1 380	664	888 1000
1,135	2, 726 007, 1	21,72 577 578
973 964 458	1, 568 888 894	1,000 200 200
2 15 gr	1, 003 854 308	200 200 200 200
	200	
1,885	1,800 1,880 1,880	1, 881 312 312
1, 188 1, 187	1,1 1,1 1,0 1,0 1,0 1,0 1,0 1,0 1,0 1,0	100円
17,80	21.1 8 8 15	3 2 4
25 S M	25 25 28	当され
3 % %	841 382 371	245 203 203 203
4,086 5,093 5,088	9,04 9,08 1,08 1,08 1,08 1,08 1,08 1,08 1,08 1	4,04 1,04 1,04 1,04 1,04 1,04 1,04 1,04
55.230 55.230 55.230	5 4 5 5 5 5 5 5 5 5 5 5	2,16 3,485 920
5, 401 5, 103 5, 103	4, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19	2, 78 2, 945 889
Sett-orban Rand	Green Sett-urban Paral	Sett-orban Purol
SOUCHER	South Western	Wales

nted image digitised by the University of Southampton Library Digitisation Unit

200	ä	8	and the second	ğ	ACESSON	622	Me var	×ij	MAN	*1	NO.	×	SECTION	£	a Car	ngil	2000 400 ESTS 400 EST	100	MIGGE	-3	ACTUAL ACTUAL	,	200
		BETTE	850 DE	During	M10 :356	Burne	100 1000	Burne	1000	Barred	154 3385	Berne	N14 1856	Barrag	Nic 2750	Darent.	A12 338	general	154 1900	Sumo	355 altes	Surng	STO IN
÷	Sales	21.42	877	27.0	2	9711	11.4	7	1	1	97.70	7:	2.22	7	11.7	10.0	36.8	7	975	10.0	11.4	2.5	97
	Pastige	ş	9:10	7	3	ŝ	1172	8.8	1	2	ĭ	â	17	2	ä	2	20.02	97	2	ŝ	9.2	ŝ	ä
ż	Sales	'n	202	27.6	800	ş	9	98.6	197	1	8	8	H	17	991	ä	9	3	1	15-21	297	25	ŝ
	Femilian	3	26.5	200	100	84	2	374	100	å	2	î	1	9 8	å	7	T,	ä	18.5	ž	7	6.5	2
4	1 2	ä	1	11.3	11.0	7	17:1	9	2	9 18	11.9	1	â	911	7	7	977	2	11.2	2	9	177	ä
	Penties	3	ä	2	å	2	2	ž	9	ŝ	50	å	3	ñ	7	7	2	11.0	ŝ	å	ŧ	14.2	ä
da and over	744.00	2	3	2	3	2	3	3	3	2	2	2	3	2	2	3	3	3	3	2	2	1	3
	Yeardes	2	2	2	2	2	2	2	2	2	1	2	2	7	ž,	2	2	Ş	4.5	9	2.	I	1
All Ages	Miles	47.0	17.6	7	79	6.1	98	17.0	7.0	100	5789	6-19	6.83	5.69	6,0	2.63	65.3	5,0	8,8	6.64	į	6	8
	Printles Printles	0.00	100.0	5 %	9003	5 50 5 50 5 50 5 50 5 50 5 50 5 50 5 50	0.00	2 8	3 3	11 000	100.0	3 8	86.4	1 0	100.0	879	2 00 00 M	1 000	2002	3.12	9100	9.8	1000
Percentage	Min	0.001	380.0	2	2	8.6	2	7	2	2	7.0	2	3	2	2	13.0	677	47	2	2	3.0	2	3
population	Present no	100-0	1900	9.6	2	3.66	2	3	7	2	2	2	10.0	2	2	100	55.3	3	9.3	3	:	ĭ	
	Persons	*	0000	:	;	,	:	1															

Table 4. - Practices by Regions, Number of Principals taking part, Consultations and Consultations per Patient on List, Patients Consulting, and Patients Consulting as Percentage of List.

		Number of	Const	ltations		ients ulting
Region	Type of Practice	Principals taking part	Number	Number per patient on list	Number	Percentage of list
North Western	Urban	21	238,683	4.3	39, 152	70.1
	Semi-urban	15	131,090	3.5	23,653	65.7
	Rural	1	12,066	4+3	1,999	70.9
Northern	Urban	1	10,737	4.1	1,870	70.7
	Semi-urban	3	16,763	3.4	3,462	62.2
	Rural	8	48,480	3.9	7,638	61.4
East and	Urban	22	196,329	4.0	33,086	68.0
West Ridings	Semi-urban	2	14,844	5.9	1,804	74.1
	Rurel	7	46,831	3.8	7,999	65.2
North Hidland	Urban	4	35,731	3.6	8,718	68.1
	Semi-urban	5	61,783	4.4	9,568	67.4
	Rural	6	36,351	3.6	6,026	60.8
Esstern	Urban	3	19,162	3.2	3,663	60.8
	Semi-urban	1	1,968	4.6	291	67.7
	Rural	10	42,130	8.7	9, 120	58.7
London and	Urban	28	237, 591	3.4	49.224	69.7
South Eastern	Seni-urban	- 1	-	~	-	-
	Rural	3	19,644	3.0	4,111	63.4
southern	Urban	1	13.298	8.9	8,939	64.8
	Semi-urban	3	21,625	3.6	4, 146	69.4
	Rural	3	21,179	3.0	4,751	67.0
South Western	Urban	4	35, 379	3.9	6,230	60.1
	Semi-urban	3	19,038	2.9	4,330	66.1
	Rural	1	26,220	9.2	2,330	61.3
Wales	Urban		20,054	5.1	8,589	65.7
	Semi-urban	3	23,323	3.4	4,098	60.5
	Rural	1	8,664	4.7	1,223	65.8
Midland	Urban	5	53,557	3.8	9,828	70.8
	Seni-urban	2	6,486	3.1	2,020	73.5
	Rural	3	13,765	3.1	2,751	61.8
All Regions	All Types	171	1,430,155	3.8	256, 595	67.0

				ľ		The state of the last			-	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN			
11 Appe App Appe App App	A	dno.tj-e9	Practices in Survey		Sast and West Ridings	North Western	North Midlard	Midland	Dastern	London and South Eastern	Southern	South	Wales
11							×	MERS					
1 1 1 1 1 1 1 1 1 1	Males	All Ages	1/5,609	32,565	111,777	158,979	61,378	31,895	28,263	04/4/01	24,150	34,133	22,691
		000	136,532 177,358 182,670	7,082 9,581	23,133 23,742 33,694	55,415 45,282 51,889	13,230 19,789 17,575	8, 198 9, 724	6,438 8,212 7,540	25,25,25,25,25,25,25,25,25,25,25,25,25,2	8,555 8,728	7,587 8,583 10,111	6,726
1	Ferra les	1 As	826,584	6,461 46,415	149,627	222,860	72,457	5,43E	34,997	18,268	31,962	46,498	29,350
		우취취림	25,874 297,142 217,928 186,240	6,376 12,747 9,940	21,961 39,980 36,296	30,205 77,969 64,319 50,468	12,459 26,787 17,659 15,622	7,774 17,239 9,549 9,571	5,169 15,514 8,291 8,023	22, 730 54, 530 39, 987 32, 258	5,882 15,548 7,074 5,500	7,888 11,381 11,190 12,089	4, 890 10, 598 7, 198 8, 675
11 April 12 13 13 13 13 13 13 13							ALTES PER	100 POPUI	ATTON				
7 + 2 + 2 + 2 + 2 + 2 + 2 + 2 + 2 + 2 +	Males	All Ages	339	342	361	382	373	322	264	301	288	396	400
All Ages . V, G		OS and over	320 247 585 586	288 265 407 565	8898	312 254 456 436	2200	386 387 512	262 189 289 469	318 222 329 329 514	284 221 319 508	238 271 455 583	2 88 88 8 8 88 88 8
17- 850 851 857 858 857 850 854 857 850 850 850 850 850 850 850 850 850 850	Females	All Ages	108	# 08	4111	9	#13	390	310	362	346	694	425
		수취취립	808 814 814 814 814 814 814 814 814 814 81	276 391 431 592	25 25 Tab	300 468 698 698 698	313 377 608 878	341 375 348 588	280 280 511	320 320 368 665	2863 2868 2918 2918 494	416 427 436 640	372 386 408 688

1 1	Age-group	Practices	Northern	East and West	North	North Midland	Midland	Eastern	London and South Eastern	Southern	South	Wales
						M	NUMBERS					
	All Ages	114,294	5,709	980*61	28,743	10,427	6,474	6,186	23,400	5,349	5,524	3,446
	15- 15- 16- 16- 16- 16- 16- 16- 16- 16- 16- 16	81,661 41,512 27,340	1,976	5,237 4,838 2,735	7,840	2,955 3,861 2,488	2,485 1,485 1,485 200 100 100 100 100 100 100 100 100 100	1, 674 2,262 1,622 628	6,348 5,687 2,488	1,700 1,881 1,257 511	1,538 1,331 875	200 kg ag
	All Ages	142,301	7,261	23,853	36,061	1,883	8,105	6,888	29,935	78# ₄ 9	7,366	4,462
	15- 45- 65 and over	29,900 55,989 35,342 21,100	2,530 2,736 1,184 1,184	5,011 6,158 8,158	7,308 15,944 9,508 5,308	2,855 4,766 2,771 1,541	1,788 3,308 1,190	2,488 1,588 1,688 1,059	25,854 7,487 4,373	1,597 2,706 1,398 1,786	1,579 2,586 1,762 1,439	1,738 1,088 1,15
					ρŝ	RATES PER	100 POPULATION	ATION				
	All Ages	8	9	8	15	8	ß	89	98	5	\$	19
8	0- 15- 46- and over	#888	8888	K 811 K	£288	58.88	K 2 2 8	8888	£1285	¥888	18 6 9 9 9	8893
	All Ages	02	18	12	K	8	22	19	22	R	K	99
88	ond over	\$5 9 6	8886	K584	648t	5,588	6485	3226	E 58 8 5	8484	2525	5828

					Sales	2									Penalos					1
	A11 Ages	0131	P		ÿ		9	Г	98 actd	OWET	All Appr		P		15-		ş	Г	65 and over	8
	Yumber	194	Number	w	States	W	Surber	K	rmber	×	Number	W	studer	BK.	Number	K	Number	*	Number	94
Pregnency of Consultation	_									Г				T	Γ	T	T	T	T	ı
1111	65,760		36-5 11,095	6.52	35.9 30,308	42.2	42,2 19,236	39.6	6,100	100	60, 669		29.8 10,627	86.2	26.2 24, 295	30.2	30.2 17,619	55.55	7,858	80
1	27, 170	18.1	7,517		17.6 11,728	2	5,800	6.52	8,005	10.5	29,782		14.7 7,884	17.9	17.9 12,699	15.9	6,910	13,1	2,003	0.0
	19,701	10.4	5,959	n o	7,871	10.7	3, 842	60 00	1,530	7.9	21,992	10,8	5, 659	15.5	9,057	11.8	5, 101	6	8,365	æ
n	14,013	7.0	7,365	10,2	5,372	7.5	3,001	0,0	1,218	6	17, 163	0.0	4,288	10.e	6,886	8.5	4,128	7.9	1, 188	ď
•	10,751	0.0	3,367	7.0	3,885	10	2,514	5.4	1,045	3.5	15, 109	9.0	3,153	4.0	5, 194	9.5	3,170	0.0	1,951	10
8-9	38, 905	24.9	7,637	18.3	8,014	12.4	6,751	34.6	2,508	17.1	35,323	27.4	7,235	17.8	17.9 13,548	9.01	0, 190	27.4	5,333	å
10-19	12,010	4.50	2,653	9,	3,328	5	4,238	7	2,704	14.0	29,232	10	2,219	10	6,953	6.4	5,253	6.	4,807	á
80-49	3,732	0.5	22	0.7	8	0.0	1,555	25	1,868	0.0	5,384	17	E	0.7	1,642	0.0	1,487	66	1,986	6
50 and over	212	0.1	60	0.0	99	0.0	ä	0.8	18	9.0	282	0.1	4	0.0	179	0.1	8	6.1	198	0
Total patients registered	180,000 100.0042,	100.0	2,725	0000	11, 217	0.0	1 952,88	0000	9,291	0000	723 500-0 71, 217 500-0 45, 238 500-0 19, 281 100-0 500, 708 100-0 90, 537 100-0 80, 274 100-0 50, 200 100-0 89, 009 100-0	0.00	0,587	oro	10,274	0.0	e, ssol	80.0	6000,60	ġ
Total patients consulting	114,894	×	31,681	=	41,512	eq.	27, 940		15, 191		142, 301	R.	29,900		55, 999		35,312	6	21,100	8
Total consultations	125,571	E	139,338	88	177,336		182,670		115,003	-	900,584	-	125,274	,	307,142		827,928	6	188,240	9
Consellation rates - per patient registered	3.6	* CONTRACT	10 60		92		4.0		3	_	1.5	-	3.1		95	_	13		6.4	
- per petient consulting	5.5	-	4.5	_	3		6		9.6	_	8.0	-	4		10		82	_	9.9	

TABLE 7. - Patients Gosselting showing Frequency of Consellation is and Stendard Region with Consellation Rates per Petient Conselling and per

Pationt Registered	thred												and our service because the control of the control			Ē						
	ATT LEA	Princtions In Survey		Mirthem .	East Softway Softway	:29	APPENDE MINISTER		drag pack	a 8	Michael	ĕ	Astem	g	London and Ecuth Eastern	age age	Southern	g g	Both	Boath	38	Notes
	Number	¥t.	Stuber	м	Patter	*	Sator	*	later.	и	right	м	Raber	W.	meer	×	Smbar	*	Smber	*	ompec.	×
Property of Constitution								Г	T	T	T	Т		T	Ť	T	T	T	T	T	T	1
TIX.	100,254	93.0	7,809		7.2 83, 07	200	27, 010		12,4 11,705	34.4	6, 197	277	0,928	40.0	14.77	30.6	6,786	8	25	30.8	4,882	3.1
	200, 922	3	2,781	1	9,363	3,5	22,032	34.4	138	13.0	3,363	3	3,290	18.0	15.0 12,000	16.3	2,93	10.6	5,756	7,0	1,558	38.4
a	60,023	50	1,000	3	6,39	2	9,960	ş	2,22	3	2,388	11	27	10.6	9,60	12.2	8,018	11.5	1,006	2	1,858	9.6
и	51,178	2	1,477	1,	4,915	2	7,741	2	2, 803	7.9	3,774	3.6	1,546	7.4	0,907	3	1,557	0.7	1, 545	2	8	7.0
•	20,020	3	1,187	20	5, 20, 20, 20, 20, 20, 20, 20, 20, 20, 20	2	8	2	2,001	2	1,00	2	1,000	3	121	0.7	111	6.0	1,107	0.0	748	2
î	60, 109	á	3,245	18.7	55 525 535	2	15,722	38.4	8, 408	3	A 200	2	2, 101	2	13.0 22.740	6.9	2,797	3	6,080	18.7	1,967	35.0
68-65	35,162	3	1.777	2	3.000	3	0,004	3	5,139	7	1,750		7,088	9,0	98.5	6.6	1,170	1,1	1,666	10,0	1,000	3
20-40	9,118	1	8	2,7	1, 899	2	2,007	3	¥	2	404	3,	Š	1.6	1117	2,5	838	1,00	815	3	6	3
80 and aver	40	9	86	3	Ħ	2	3	3	8	ď		0.0	R		9	å	10	0.0	8	0.0	3	910
fotal patients registered	382,326 100,0	9	B. 159	200.00%	2	0,0	18. Mg	9,00	300.0 34.018 300.0	978	21, 236 3	210 300-0 3	28, 500 250.0 77, 112 100.0 17, 900 200, 0 18,	90.0	7,112	0.00	1,906,2	8	A. 538	535 300.0 32,	6, 50	000 100,0
Total patients constitue	2006, 35	8	22,970	_	ij	2	100 70	_	22,310	9	1,53	_	13,07	-	in in	_	11, 886		15, 800	9	7,800	
fotal concentrations	3, 430, 175	12	77, 980	_	207.404	×	381,489		18, 185	12	75,688		53, 550		257,236		99, 100	-	10,031	-	10,00	
Dough parton pares		-		-		-		-										•				
" per petient registered	9,0		8,8		17		3	_	Ş	_	2	_	2.9	_	53	_	95 95	_	1	_	3	
- per patient constiting	8.8	_	9.0		6.0	_	2	-	Ş	_	3		9.5	_	3	-	4.7	_	5,5		6.6	
												1										

(9008)	© Table 8 Frequency of Illnesses by Sex and Ages and Illnesses per Patient Consulting with an Illness. SC	Inesses by	Sex and	Age; an	d Illnes	ses per	Patient Ca	nsulting	with an	Illness.		
))				Males					Penales			
		All Ages	٤	15-	ĵ,	65 and over	All Ages	٩	15-	-54	65 and over	
	Number of 111hesses	67,513	12,065	30,872	18,435	6,141	64.486	11,621	27, 134	17.738	7,999	
	↔ 03 k	54,50g 30,928	13,350 8,554	10,839	7,749	3,786	59, 308	12,795 8,075	14,555	9,725	5,976	
60	5 9 and	6,982	2,310 1,706 34	2,087 1,282 50	1,588 1,109 2,6	988	10,587 10,587 8,234 276	2,169 1,499 33	3,906 3,198	2,796 2,278 82,278	1,8%	
	Total Illnesses	817,929	62,719	74,096	53,114	27,001	291,517	59,298	111,631	75,599	44,889	
	Total patients consulting 112,547 with an illness	112,547	30,661	40,945	40,945 27,801		13,140 138,283	28,906	53,140	35,198	21,039	
	Illnesses per patient consulting with an	1.9	. 1:0	1.8	1.9	2.1	2.1	2.1	1.5	65 E.	2.1	

Table 9.	- Consultation and Patient and Conditions Diagnosed		Consulting Rates per 1,000 Population by Sex and Age for the Principal Disease	lates pe	ır 1,000	Popula	tion by	Sex and Ag	e for th	e Princ	pal Ols	9989
,		_		Com	Compail tations	80			Patients	Patients consulting	DE	
Classin.	Disease or Condition		All 8888	٩	15-	-69-	65 and over	All ages	٩	15-	45-	S S
	ALL DISEASES AND CONDITIONS	***	3386 4076 3751	3196 3081 3145	2469 3702 3120	3951 4 117 4 090	5862 6414 6194	520 670	₹8£	578 698 6#I	\$60 838	727
001-138	I. I INFECTIVE AND PARASITIC DISEASES	#4 &	156.0	385.6 401.9 338.4	14.0 105.9 109.9	79.8	103.0 87.4 93.4	57.7 52.7 55.0	151.9 156.0 153.9	34.1	23.4 20.8 22.0	8 7 8
007-008	Tuberculosis of respiratory	XI ILO.	28.5 15.1	5 5 5	30.8 28.1 28.1	48.5 28.0 29.0	51.0 8.3 17.8	10 00 00	000	333	0, 40 0, 60 0, 60	1000
010-010	Tuberculosis, other forms	XI (s. O.	ល្ខក្ ល្ខស្គ	1,60	4.5	8.44	5.4	000	0.00	9:10	00.0	000
630-030	Syphilis and its sequelse	XI (e. D.	809	0.5	211	2014	8.00	000	777	000 000	7.000	400
890-020	Occocceal infection and other Venereal diseases	XI De De	300 8118	111	4.000	300	- 85	1000	111	900	000	' 66
043-048	Dysenbery, all forms	30 fe. p.,	200 P	15.8	8.6.0	9.50	488 5.0	240	37.0	322	0.0	નવન
690	Food poisoning (infection and intoxication)	X1 94 04	222	112	1.53	000	114.5	0.00	1.01	0.7	900	000

(90090)

8 86 86 98 98 98 98 98 98 98 98 98

			ĪĒ	Table 9 (Contd.)	Consultations	of st			Patlents	Patients consulting	Ing	
Classn.	Disease or Condition	-	All ages	٩	β	9	65 and over	All ages	8	P.	45-	65 and over
090	Scarlet fever	XFD	4%% 000	18.8 17.9 17.0	47.9	0.00	111	121	667	000	000	
061	Streptococcal sore throat	25 ft. ft.	8.4.8 4.4.8	400	5.7	488	277	4.11	95 85 10 10 10	488	0.0	000 ಚಟ್ಟ
220	Septicaemia and pysemia	Xip U	0.9	0.0	0.00	1.0	515	8.000	468	000	0.0	000
092	Diphtheria	XI for D.	111	111	111	111	111	111	111	111	111	1 1 1
990	Whooping cough	XII.O.	11.9	49.8 57.1 58.2	0.0	1 500	8000	8888 1111	8.44.54 8.65 8.65	000 000	0.1	000
067	Meningococcal infections	XI PL	777	000	0.0	000	0.8	300	1001	300	100	0.0
080	Acute pollomyelitis	Min.o.	000	2.1	9.00	120	5.00	a a a 000	0.00	000	1 000	0.0
88	Acute infectious encephalitis	X 6- 0-	00.0	0.1	0.00	313	0.2	999	3,3	100	0.0	0.0
980	Measles	XLL	88.88 8.88 8.88	105.5 112.1 108.7	444	2.48	200	8.1.0	35.1 37.1 36.1	6.00	0.00	. 55

990	080	980	98	380	880	0.960	9.980	130.1	121	136
Enbella (German messles)	Chiciempox	Herpes moster	Микра	infectious hepatitis	Chardular fever (infectious nomonalscais)	Herpes febrilis	Epidemic nyalgia (Bornholm disease)	Oxyurlusis	Dermatophytosis	Scables
)C fe 0.	N; to the	XINA	15 de p.	XI for the	X 5, 6,	X fee fee	X Se A	25 the file	N in the	3G (n.
6.5	11.1	12.2 13.4	0.0 9.4	80.4	60 00 00 00 10 00	3.4	0.0	8.04 6.83	15.4 8.7 11.9	11
888	48.2 49.5 48.7	2.02	888 68.8	11.71	6.6.6	97.5	0.1	18.8 15.7	18.6 14.0 16.4	0.0
7 6 6	3.02	840	64.0	45.00	98.00 9.40	8.20	502	3.5	20.2 8.8 14.2	0.1
1252	0.2	19.2 28.9 21.7	225	402 E	200	25.6	0.3	900	9,7,8	6.0
000	0.2	38.1	000	86.60	000	01 10 4 01 10 01	0.4	4000	2.9	0.0
ရုံရုံရုံ ၁၈၈	808	888	2.4.8 0.00	311	000	1999	000	8.4.8 0.4.8	7.5 5.7	0.4
15.8 16.8	31.7	7.00	20.5 18.7 19.6	6.6.6	222	2012	000 1100	10.0 14.8 12.3	8.0	2,2
8.21	111	9999	111	131	000	4.60	0.00	2.4.2	10.2 7.3	1.1
0000	2000	900	0.00	0.00	000	2,2	000	000	30.0	9.00
0.0	0.0	7.7	000	000	000	1100	1.50	000	944	0.3

Printed image digitised by the University of Southernston Library Digitisation Unit

		65 and over	80.0	1 000	0.00 0.40 0.40	29.6 24.6 26.6		0.8	000	86.00	1882
	ting	\$	277	777	47.0	16.4		000	2000	0.0	00.0
	Patients consulting	\$	8000	000	7.50	9.8		000	111	000	000
	Patlents	٩	0.00 8.84	111	7.6	3.1.7		111	111	111	111
		All ages	0000	000	80 80 80 80 80 80	8.7 12.5 10.7		8.000	777	9.00	484
		65 and over	2000	0.0	9.6	278.4 227.5 247.8		55.50 5.41.80	8,48 48.84	31.9	24.6 20.0
÷.	suo	-64	8.000	4.00.0	9.6 11.3	114.2 124.2 119.4		7.3	1145	7.82	6.2
Table 9 (Contd.)	Comsultations	-51	000	1112	9.0 9.1 9.1	17.9 35.3 27.5		0.00	111	0.0	787
e eldi	Com	٥	00.0	111	44.44 0.85.44	5.4 7.6 6.4		1 (1	111	11.1	111
ř		All ages	000	9.00	11.56	67.7 80.4	Ĭ	00 00 00 00 00 00	0.00	9.46 27.2	0.01
			Xina	X in a	X4.0.	ELL		X 6. p.	XIA.	Mire Co.	XAA
		Disease or Condition	Pediculosis	Sarcold of Bosck	Other infective and parasitic diseases	II NEOPLASNS	Malignant neoplasms	140-148 Buccal cavity and pharynx	Oesophagus	Втопасл	Large intestine, except rectum
		Olassa, No.	138	138.0	Nemdr. 001-138	140-239		140-148	150	151	158

353	000	0.3	0.2	0.04	0.1	8.00	9.8	0	0.5	5.3	0.00	
000	197	1111	707	1001	777	0.00	9.0	6,4	5.0	0.5	0.3	
8-8		200		0.0	111	000	0.2	0.0	0,0		1 000	
			111	111		111	ï	,	,	ī	111	
722	101	777	100	0119	999	0.10	9.0	2*0	2,0	0.7	00.0	
88.1 1.88 1.188	377	8.4.5 7.7.5	222	54.7 4.1 24.8	1.0	30.3 30.3	12.9	2.2	8.3	57.6	24.4.	
513	323	9000	0.00	39.1 2.5 19.5	9110	26.6	8.5	7.1	3.2	8.8	946	
2.2		01.3	111	1.8	111	1830	82	0.1	0.0	,	- 739	
111				111	• • • •	111	'	'	'	'	111	
4 1010	000	222	000	16.5 8.4	00.0	15.4 15.4 1.8	4.4	62	1.8	7.8	1.8	
XI In D.	X in a	MAG	X in a.	XI to De	XI for the	XI to the	Ski	(a)	Cas	ж	301 Ec. (II.)	
Rectum	Pancress	Other digestive organs and paritoneum	Larynx	Lung, bronchus and traches	Other respiratory system	Breast	Cervix uteri	Corpus uter1		Prostate	Bladder and other urinary organs	
154	187	Rendr. 150-159	181	162, 163	Remdr. 190-185	170	171	22 22	175, 174	122	181	

The constitution	(90				Ta	Table 9. ~ (Contd.)	(Cont.c	3		
Miles	080)					Son	ultatio	Sus		
New Color Section New Color New Co		Classh. No.	Disease or Condition		All ages	S	-51	-5	65 and over	177
100, 151 GELTA F. 100, 151 GELTA F. 100, 151 GELTA F. 100, 151 GELTA F. 100, 151 GELTA G		Rendr. 170-161	Other genito-urinary organs	21 to 0.	4.50	100	198	28.0 0.0 0.0	4.2 6.3 6.3	000
100, 100 100, 100 100, 100 100, 100 100, 100 100, 100 100, 100 100, 100,		190, 191	ВКІЛ	EHO	9 9 9 9 7 4	111	0000	33.55	13.5	000
184-108 Other and unspecified attach 185 Other and unspecified Other		192, 193	Rye, brain and other nervous system	21 fe. 0.	0.5	0.0	0.0	2.5 1.6 1.6	0.0	000
Modelling attended Modelli	66	194-199	Other and unspecified sites	X is a	0 8 8 8	0.0	1.3	4.8.8.0	13.2	000
MAILUDE MORAGOMA PA 0.3 - 0.1 0.5 0.7 0.4 0.4 0.5 0.4 0.4 0.5 0.4 0.4 0.5 0.4 0.4 0.5 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4 0.4		201	Hodgkin's disease	Σ 6. Ω.	0.30	0.0	1.2	0.2	0.00	000
		8002	Multiple myelons (plasmocytoms)	X in a	0.3	111	122	000	7.00	000
Other meoplasme of lymphatic H 0.5 - 0.0 0.0 0.3 0.8 0.8 and hasematopotetic tissues F 0.1 0.5 0.0 0.7 0.8		204	Leukaemia and aleukaemia	Z IL D.	201	0.00	1001	0.00	4.0.0	000
		Rendr. 200-206		X in a.	0000	111	000	0.3	8.00	000

Print

Patients consulting

808

0.00 1000

0.00

1000 1000

188 818 111

0.00 0.00 0.00

0.00 1111 111

000

444 464 100 400 000

_	0.00	2.4	0.9	6*0	000	10 10 10 10 00 10	444	32.2 72.1 53.5	200	9.0	6.8
	0.5	1.7	9.0	1.5	222	0,000 0,000	2,48	30.4	684	22.5	13.5
	, 000	,	,	2.0	0.0	400 00 00 00 44	000	57.8 56.1 57.0	8000	8.4.4	38.2
	0.0	1.3	0.5	1.0	000	200	0.2	37.5 62.5 50.8	55.5	8 6 6	15.9
	000	0.4	9.0	5.1	1111	12.3 10.6	80.0	190.2 313.9 264.6	944	88.27	8.50 8.60 8.60 8.60
	0.0	11.3	3.0	9.6	1112	9.00	6000	164.2 304.3 239.0	8.9.9	75.4	9.3 17.6
	0000	8,9	2.2	5.4	8. 9. 9. 8. 8. 8.	5.05	946	196.3 150.8	22.23	37.1 41.4 39.3	12.8 23.4 18.3
	100	'	١	0,3	0.9	9.48	000	122.6 117.7 120.2	0.8 8.5 5.5	34-1	55.8
	0.00	5.7	1.7	3.6	2.0	000	211	131.5 225.5 181.1	14.2	888	19.3 26.7 23.2
	22 See 104	6.	ů.	ír.	XI for the	N 04 D.	M (m D.	* " "	35 gr tr	XI See Co.	30 fe p.
Benign neoplasms	Breact	Uterine fibromyone	Uterus, other	Other female genital organs	Skin	Other and unspecified organs and tissues	Meoplesm of unspecified nature	III ALLERGIC, ENDOCRINE SYSTEM, METABOLIC AND NUTRITIONAL DISEASES	Hay fover	Aștîma	Urticaria
	213	214	215	216, 217	380-588 380-588	Rendr. 210-239	230-238	240-289	240	241	245

67

(90090)

AR

000

(90090)

290-299	290-299 IV OISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS	= L a	33.3 102.2 68.8	0 ± 8	74.3	#1.4 121.6 84.2	164.1 270.1 227.8	22.9	2 S 3	26.9	5.3 24.7 15.7
280.0	Pernicious anaemia	20 fee fle	25.85 27.86 27.86	111	312	85.1 85.1 85.1	114.2 154.8 138.6	25.0	111	0.00	400
291	Iron deficiency anaemias (hypochronic anaemias)	XI be the	56.5 19.8 8 55.8	6.54	25.0	88.88 8.48.83	20.4 58.4 42.0	5.65 49.65	1111	0.04 8.0.5	10.4
Rendr. 290-292	Other ansemiss of specified type	# Dr Dr	# 55 55 8 55 55	000	0.0	4.00	10.00	0.00	333	000	0.3
282	Anaenia of unspecified type	XI See See	30.5 18.7 18.7	5.5	28.50 19.0	38.5 2.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1	17.4 45.0 34.0	10.2 10.2 6.2	នុស្ត ទស្ស	13.7	10.6
282	Reemoph111s	XI h. a.	0.3	0.0	8.8	0.5		0.0	0.1	8.8	0.0
287	Agranulocytosis	20 fe. fe.	877	1 4 1	133	000	111	999	1 ()	. 00	000
Rendr. 294-299	Other diseases of blood and blood-forming organs	34 fm p.,	1220	986	000	1.00	1.88	886	0000	0.0	8.00
300-326	V MENTAL, PSYCHONEUROTIC AND PERSONALITY DISORDERS	x u. a.	248.8 248.8 187.4	21.8 25.0 23.4	126.2 253.2 193.2	190.3 372.5 287.4	128.3 323.6 245.7	32,4 65,6 50.0		38.7 78.3 59.6	42.5 88.2 66.9
800008	Paychoses	31 St. D.	11.2 19.8 15.7	777	10.5	13.1	31.2 86.9 56.9	25.7	000	711	20.00

		Γ		Cons	Consultations	99		Δ.	atients	Patients consulting	ale	
Mo.	Disease or Condition		All ages	٩	节	-59	85 and over	All ages	6	15-	-69	88
10-518	Peychonsurotic disorders	XI fo. D.	100.1 224.1 165.8	10.8 14.3	110.3 288.0 177.7	169.8 346.6 264.2	98.5 255.1 190.8	28.3 81.2 45.7	6.48	75.7	0.04	882
310	Anxiety reaction without mention of somutic symptoms	XI to D.	44.8 100.5 75.3	484	51.9 88.3	73.3 152.4 115.5	38.0	13.7 31.5 23.1	989	18.0 30.1	19.1 48.5 31.8	3,83
311	Hyrterical reaction without mention of anxiety reaction	XI fo p.	2.2 10.2 8.5	0.5 8.0 8.0	20.40 0.00 to	3.0 18.8 10.3	12.2	25.5	4.00	8.00	2.3	9014
314	Neurotic-depressive reaction	Mer or	9.16 7.0	2.13	0,44	8.6 17.5	11.6	11.8	0.0	9.5	40.0	4014
d5-517	Prychoneurosis with sometic symptoms	X1 6+ 0+	28.1	9,43	88.88 8.88 8.4	25.3 36.8 36.8	2000	72.87 8.46	944	9.3	12.5	45.0
318.3	Astbenic reaction	XI to D.	10.8 26.7 19.2	0.10 8.10	25.0 21.0	37.9	32.8	5.2	4.00	10.3	10.3	of to ro
318.5	Unspecified psychopeurosis	XI for Co.	38.8	122	17.1 39.2 88.8	30.5 63.6 1.8	36.5 34.5	9.7	0.00	5.0 8.3	6.1 10.5	ග්රේජ
8	Alcohol ism	NI fix Di	548	111	00.0	1.00	2.5	000	111	0.3	000	666
ă	Primary childhood behaviour disorders	X1 54 04	1.44	7.7.	111	111	111	8.00	0.54	111	111	,,,

हुँ गठन नवश वन्त क्नक क्वक क्वक हन्छ

(90090)

222 223 223 223 223 223 223 223 223 223	25.25.25.25.25.25.25.25.25.25.25.25.25.2	333 333 <u>885</u> 333 333 339 339 339 333 333 <mark>885</mark> 885 383 383 383 383 333 333 885 885 333 333 333 333	331 332 332 332 333 333 333 333 333 333	222 224 225 225 225 225 225 225 225 225	233 234 285 233 233 233 233 233 233 233 233 233 23
 200	252 252 252 252 252 252 252 252 252 252	233 331 525 535 533 333 333 335 33 233 331 525 535 533 333 333 335 33 233 331 525 585 333 533 335 335 335 335 335	233 332 555 252 253 253 353 353 253 253	231 332 555 555 555 555 355 355 355 355 355	233 233 525 535 535 233 233 233 233 233
	56.2 NNN 400 400 0111	=== 123 111 126 125	233 331 555 555 339 335 337 338 33 232 323 555 333 393 333 333 33 225	222 232 <u>255</u> 255 252 252 252 252 252 252 252 252	233 331 355 555 133 535 333 333 333 333 333 333 333

Pleases or Contition Fresh, pre-please Fresh, pr							Name Name Name Name Name Name Name Name	NP	
	NAO NAO NAO NAO NAO NAO NAO NAO NAO		14	### ### ##############################	1	11 10 10 10 10 10 10 10	1	1	1 1 1 1 1 1 1 1 1 1

ಸಾಕ್ಷ್ಮಿ 14ನನ 4ನನ ಕ್ರಾಪ್ ನಾಲ್ಕೂ 000 11888 ವಜ್ಞಾಬ್ 4ನನ 4ನನ ರ್ಷ ೯೬೬ಕ ನಿಕಾರ ಕ್ರಮ್ ಸುನಾರ ಬಾರು ಗುನ್ನ ರಾಗರ ಗುರತ ೧೯೦೦

(90090)

711 719 999 919 713 713 715 945 959 741 721 721 414 999 799 993 713 713 713 745 755 747 731

2004 4444 600 8448 888 448 444 888 448 888 8844 888 8844

(9)					Tab	- 46 0	Table 9 (Contd.)					
009					Con	Consultations	one			Patient	Patients consulting	2ura
)	Classa.	Disease or Condition		All ages	٩	Ħ	-83-	66 and over	All ages	b	4	-9
	400-468	VII DISEASES OF THE CIRCULATORY SYSTEM	* L. D.	340.1	#8.1 #5.9	76.4 121.9 100.4	520.2 550.1 536.2	1537.2 1781.1 1683.7	54.4 80.9 68.4	20.1 19.6 19.9	26.6 43.8 35.6	104.4 104.1
	400-408	Rheumatic fever	XI in the	5 8 8 8 8 8	9.00	1:9	250	124	0.3	0.0	0.00	0.0
	410-416	Chronic rheumstic heart disease	Mite O.	11.9	900	8.7 0.6 7	25 55 6.6.6.	17.4 16.8 17.0	8.011	2.0	1.3	4000
74	420.1	Beart disease specified as involving coronary arteries	X1 fe, ft,	35.58	111	2.3	102.4 21.0 59.0	199.8 125.7 155.7	98.50		0.00	98.0
	420.2	Angina pectoria without mention of coronary disease	34 to 0.	888	111	888	50.3 31.2 40.1	98.3 99.3	0000 0000	111	48.8	4.8
	421	Chronic endocarditis not specified as Theumatic	X1 64 ft.	80 4 10 80 80	000	1.2	6.5	11.6 14.8	0.0	0.02	000	0.00
	227	Other myocardial degeneration	X: 6- p.	38.1 49.1 65.9	1)1	2.4	28.2	286.0 286.8 287.7	8.0 8.0 8.0	111	0.00	0.00
	488	Functional disease of beart	31 P- D-	22.1	0.00	5.2	28.7	91.0 126.2 112.2	9999	999	0.10	80.44 80.804

100000					-					. 1
434.1	54.5	Nendr. 410-434	440-443	tu-m	9	453.2	Remdr. 450-456	490	161	463, 464
Congestive heart failure	Left ventricular failure	Other diseases of heart	Rypertensive heart disease	Hypertensive disease without mention of heart	General arteriosclerosis	Chilbisins	Other diseases of arteries	Variouse veins of lower extremities	Remorrhoids	Phlebits and thrombophebitis
XI for the	Mi de de	N fra fac	XI for the	Mi de de	30 to 0.	XI for play	XI for the	XI for the	X1 (n, c).	22 fm 64
888	8.8	64.6	1183 8 6 8 8	48.5 120.7 86.7	88.89 6 7 6	9, 80 Rg	880	88.8	17.8	6 13 9 6 0 0
		000	111		111	9.50	000	377	200	
0.5	122	200	000	9.6	000	12.5	94.5	13.7 26.3 20.4	15.8	10 0 4 0 0 4
22.5 20.5 20.8	2.5	17.3	24.4 10.6 17.2	92.0 198.5 148.8	7.1 9.7	2.8 4.0 5.3	13.8 8.8 8.8 8.8	88.7 88.7	2.52	12.4 21.9 17.4
142.3	88.3	28.4	48.6 74.7 64.7	204.1 448.5 351.8	164.5	20.0	88.8	58.0 138.0 100.5	15.2	15.1 25.3
0,00,00	0.00	0.00	0.6 1.0 1.0	7.5 21.0	98.0	20.00	2.0	8.5 16.4 11.8	1.0.7	45.5
111	111	373	111	111		45.5	00.3	377	000	111
0.17	100	000	000	125.5	111	2 8 4 8 4 6	0.6 1.4	5.4 8.7	0.0 4.0 8.0	9.9
1112	100	1001	500	35.9	222	18.8	3.75	27.9	10.0	8.5.4
8.33 7.53	24.4	40.00	200	31.3 74.1 57.0	20.08 20.08 20.08	48.85 8.55	8.0 5.1	13.4 31.6 24.3	4.7	5.73

Library Dinitisation Hr

Int. Classil, No. 465 468.2	Disease or Condition Palmonary embolism and Infarction Lymphadenitis unqualified	31 fe, n, 31 fe,	A11 eges 11.5 11.2 11.4 10.8	P 111 88	15- 15- 16- 0.8 0.8 8.6 8.7	\$ \$1.50 \$ 5.10 \$ 5.00 \$ 5.00	8 20 0 44 44 50 0 48 4 4 50 0 4 4 4 50 0 4 4 4 50 0 4 4 4 50 0 4 4 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	M1 ages 0.2 0.2 0.2 5.3	Patient P. 11. 9.216.6	0- 15- 46- 0-1 0- 15-6 5-2 1-1 12-6 12-6 12-6 12-6 12-6 12-6 12-	48-48-
Remdr. 460~468 470-527	Other diseases of circulatory system VIII DISEASES OF THE RESPIRATORY SYSTEM	0. X5.0. X4.0.	4.8 4.8 825.8	121 258 121 258 121 258	28.8.2	6.8 6.6 6.6 730.7	1.4 13.0 11.1 11.9 1424.3 1000.9	5.0 1.5 1.5 257.7 270.0 264.2	374.4 374.4 386.7	201.5 201.5 257.0 230.8	
471	Acute masopharmgitis (common cold) Acute sinusitis	Mart Mart	166-1 166-1 165-3 5-0 4-9	285.9 304.6 285.1 285.1 2.8	109.9 150.2 151.2 7.1 7.4	123.5 123.5	111.7 111.7 11.8 1.8 1.8 1.8	75.8 81.1 81.1 81.1 81.1 81.1 81.1	1589.9 146.9 146.9 146.9	800 800 800 800 800 800 800 800 800 800	
472	Acute pharyngitis Acute tonsillitis	22 for On 22 for	85.55 86.5 86.1 86.1	88.1 68.5 66.5	4.45.35 4.45.15	88.8 44.8 80.1	233.6 21.9 8.0 8.0	88.88 8.88 8.88 8.1.18	36.1 36.1 34.5 91.8	29.1 39.6 34.7 26.6	
474	Acute laryngitis and tracheitis	U XIE U	27.9	25.5 25.1 25.1 26.1			410000	25.4 17.7 14.6	14.5 14.5 14.4	85.2 19.5 14.4	

(90090)

225.7 2 225.7

(9009)	2)				77					•	
475	480~468	491~185,	209-209	99	50	905.0	502,1	,* 1	210	275	affert Pfmla
Acute upper respiratory infections of multiple or unspecified sites	Іппиерза	Pneumonis	Bronchitis	Acute brocehitis	Bromchitis, not specified	Bronchitis with emphysems	Other chromic bronchitis	"Multiple" bronchitis	Hypertrophy of tomsils and adenoids	Chronic pharyngicis and Nasopharyngitis	Ministration of the state of the section of the sections of the section of the se
XIA a.	35 % G.	32 h. o.,	XI See See	Me or	32 h. o.	XI to de	XI In De	XI to Or	X to the	30 to 0.	
48.0 48.0 41.8	112.9	44.0 38.9 38.1	310.3 217.4 261.1	888	108.6 97.5 6	28.8	78.7 68.5 60.1	38.7 28.2 28.2	25 25 25 25 25 25 25 25 25 25 25 25 25 2	20.3	
98.5	25.65	88.8	211.7 186.2 198.8	70.1	121.5 106.5 113.7	***	211	9.2	48.0 68.0	25.0 27.0 88.4	
2002	130.8 100.8 115.0	17.5	80.00	22.23 4.23.13	58.5 48.7	2007	10.1 9.3	5.5	9.4	25.8 24.5	
28.53	12.2 HE2	28.2 2.83 2.83	510.8 245.5 368.1	77.3 91.5 68.9	141.0 101.8 120.0	7.1	32.6 82.4 84.5	81.6 48.1	0.55	14.3	
27.7	100.6	115.4 88.9 96.7	890.9 865.5 688.1	121.6 129.2 125.5	191.0 164.5 175.1	98.1 14.4 47.8	248.4	127.2 86.8 90.1	1000	18.4	
16.8 18.5 18.2	385.8	4 10 8	88.5 88.5 8.8	16.3 16.7 18.5	8 8 8 8 8 4	9.5	12.0 7.2 9.5	2.2	0 0 0 0 0 0	11.2	
38.8	32.4	7.6	75.8 70.4	25.2 22.1 23.7	46.8 45.1 45.0	111	844	222	88.8	15.9	
55.79 0.79	45.4 59.8 41.8	98.5	28.8 30.8	9.6	35.51 1.4.4.	0.00	8.00	0.5	461	8.20	
188	47.4 58.5 42.7	6.28	96.5 74.3	17.2 17.8	35.6 35.5 34.8	3.5	20.8 10.2 15.1	8.4.6 8.4.5	000	8.00	
283 293 393 393	82.72	24.25 8.53 8.64 8.64	105.1 105.1 183.1	28.2 28.0 27.3	51.9 44.8 47.6	20.3 8.2.3	38.88 8.65	6.4.0	00.0	48.0	

Disease or Condition	Circuit simusitia	Pleurisy	Pneumoconiosis due to silica and silicates (occupational)	Bronchiectasis	Emphysema without mention of bronchitis	Other diseases of respiratory system	IX DISEASES OF THE DIGESTIVE SYSTEM	Diseases of teeth and supporting atructures	Other diseases of buccal cavity and ossophagua	
Int.	212	619	53, 524	986	527.1	Rendr.	30-587	30-02	629-99	

- 1								
	e or Condition	al 1 smi	losis due to ind silicates lonal) tasis	. without mention hitis	seases of cory system	EASES OF THE GESTIVE SYSTEM	of teeth and	reases of buccal

	All ages	200 E	 	 	 M 344,5 F 302,6 P 322,3	
		-		it lon	<u>25</u>	 Tage a

8 -	ul tations	ħ	22.0	200	900	0,00 0,44	0.0	17.5 14.5 15.8	213.7 287.2 201.4 246.7 208.0 265.7	28.9 30.1	14.6
Table	Cons	٩	0.66	28.6	111	នុស្តស ១ភូទ	0.00	11.9 10.6	213.7 201.4 208.0	39.6 41.8 40.7	15.4

	All ages	7.1 8.9 1.0	214	0.0	2111	0.2	4.3	10.5	15.7 15.2 14.5	8,75 8,88
-	65 and over	7.4	25.3 15.3	2.5	8.5 13.4	28.5 4.5 13.9	21.5 17.0 18.8	536,5 515,5 523,6	9.40	18.3
trd.)	β	16.8	13.6 10.8	10.3	11.1	22.22 1.1 10.9	25.9 19.0	474.6 347.5 406.6	11.2 12.5 11.9	9.9 16.7 13.5

		344	244	000		000	ए ५ ५	8 8 8	작성성	10 to 00
Patients	٩	444 nee	000	111	0.00	999	400	108.2 108.2 108.7	28.0 27.7 26.8	9.30
	- 00	-	BOR DUNING					ACCOUNTS AND ADDRESS OF THE PARTY OF THE PAR	WWW.	

	00 to	17.8	00 to 00	16.7	888	111	17.4	44 55.57	47.0	101	000
	904	6.69	0.0	13.0	23.8 21.5 21.5	8.8	0.45 0.00 0.00	17.3	7.02	333	0.00
	999	177	0.0	311	0.89	544	លួស។ សំពីស	45.7 42.5 44.6	6.89 0.80	000	850
,	211	000	101	14.4 13.0 13.0	22.0 21.5	713	3.4	22.4 22.0 22.2	8.8 8.1	200	000
	25.0 25.0 29.1	5 85 85 0 85 85	10.1	86.88 86.88 86.88	107.9	48.8	78.9 23.0 45.3	38.5	45.3 48.5 46.4	222	20 dd
	821.5 24.5 4.4	108.0 28.7	17.8 8.0 12.4	4.56	6.5	7.8	57.9 35.8	38.0	8.7 17.2 13.2	400	80.0
	1000	8228	98.00	88 88 88 8 4 6	80.8 42.4 46.3	8228	8.4.1 8.8.1	5.28	8.1 18.0 15.3	10 00 01 01 00 12	10 00 00 10 44 00
	200	000	9-9	17.1 18.4 17.7	666	25.52 20.53 20.53	9.50	888 84.0	10.8 11.8	133	000
	16.8 12.5	55.5 24.5 5.5 5.5	4.6	34.15	88.0 88.7 88.4	222 061	33.6 21.2	47.5	25.6 21.1 17.1	200.0	8.20
	30 to 00	X h a.	X = 0.	Min o.	XI PA DA	Mi ter te	X1 64 ft.	M fr. p.	30 Gr Gr	Mi to D.	30 0s 0s
	Ulest of atomich	Ulcer of duodenum	Poptio ulcer, not otherwise specified	Gastritis and dundenitis	Disorders of Ametion of stonach	Appendictis	Hernis of abdominal cavity	Gastro-enteritis and colitic (except ulcerative)	Constipation	Aral fissure and fistula	Abscess of anal and rectal
	(pt.)	541	\$40 (pt.)	54.5	544	299-09	0, 561	1, 764	0.273	924	575

				Table	Table 9 (Contd.)	Contd.)						
				Consul	Consultations				Patlents	Patients consulting	ing.	
Chassh.	Disease or Condition	internal and an artist	All ages	٩	-61	45-	85 and over	All ages	٩	15-	-53	65 and over
Remdr. 530-578	Other diseases of digestive system	Z is a	19.8	2010	2.2	28.9	88.0 88.0	8.44 880	8112	99.50	0000 0000	9.28
281	Cirriosis of liver	20 to 04	373		000	0.10	186	777		0.00	400	0.5
288	Cholelithissis	XIL A	27.2		25.5	4.51 9.8	23.1	450	111	000	7.40	4 80 85 80 80 80
986	Cholecystitis without mention of calculi	XI for the	3.8 16.3		3.8	25.25 16.5	14.4 51.3 38.6	2.2	111	122	400 840	88 m 8 m
Rendr. 580-587	Other diseases of liver, gall bladder and pancress	31 to 0.	8 0 0 0 0 0 0	711	222	0.60	16.9 10.9	0.00	9.00	000	4.66	1207
590-637	X DISEASES OF THE GENITO-URINARY SYSTEM	x	65.4 236.9 156.2	43.1 43.1 41.8	37.5 308.7 180.9	72.9 316.0 202.7	205.6 164.7 181.0	18.1 83.8 52.9	20.6	10.9 115.6 86.2	16.5 63.9 63.9	42.8 45.8 44.6
590-594	Nephritis and nephrosis	N: 04 04	80 84 84 84	2.4	4.5	8 8 8 4 8 8	486	4.00	4.44	0.0	444	000
0.000	Pyelitis, pyelocystitis and pyelonephritis	XI See See	14.4	0 4 50	19.0	12.8 10.1	8.50	48.0	120	0.48	4 50 00	0.00
8	Calculi of kidney and ureter	X to p.	923	0.0	199	044	2010	0.00	8.8	0.00	000	000

9.5 16.6 16.1	0.1	4.88 0.00	17.6	7.0	1.5	9.0	000	0.1	0.1	17.7	ı	0.4	3.4
16.4	0.11	100	4.5	80	1.5	2.	25.5	0.8	870	9.4	11.0	999	6.6
20.01	0.00	333	0.1	0.4	1,0	о 02	0 00 00 00 00 00	1.3	9.0	3.5	51.1	10.1	27.3
38.8	202	223	,	0.7	0.4	18.1	25.5	0.1	0.1	,	4.9	,	10
10.5	373	25.1	20.55	17.4	1.0	ι. υ.	4.8.0	9.0	3.	6.4	24.1	16.5	14.5
88.6	000	24.5 16.0	82.9	15.6	5.7	11.2	1156	0.3	0.7	8.8	,	0.5	18.4
30.9	0.0	000	11.7	6.1	6.7	2.0	47.2	17	0.0	26.5	28.3	157.8	28.7
24.5 24.8	0.11	10 00 10 01 10 00	0.0	1.6	e2 92	9.0	24.8 8.8 8.8	4.6	8.8	10.2	112.2	26.5	8.8
20.0	8000	94.0 5 8 6	,	3	1.5	83	100	0.1	0.4	,	7.4	,	6.7
35.4	0.0	100	12.1	5.2	5.5	117.	8.5.6	2.3	1,7	19,5	53.3	51.7	33.6
30 Fe de	N in the	対すり	х	ж	30	30	M to D.	fei	On.	Os.	Dis.	te.	fe.
Opstitis	Urethritis (non veneral)	Other diseases of urinary system	Apperplasia of prestate	flydrocele	Orchitis and epididymitis	Other diseases of male gential organs	Diseases of breast	Salpingitis and copparities	Other diseases of owary, Fallopian tube and parametrium	Uterowaffal prolapse	Disorders of menstrustion	Menopeusal symptoms	Other diseases of female genital organs
90	400	Rendr. 600-609	010	219	614	Rendr. 610-617	620, 621	622-624	625, 626	681	929	929	Rendr. 630-637

	L	Įn,	g _{is}	(e.	Ĉr _e	240	XI See De	32 Se Oc	30 De pe	XI De De
Disease or Condition	XI, ~ DELIVERIES AND COMPLICATIONS OF PREGNANCY, CHILDSIRTH AND THE PUERPERIUM	Complications of pregnancy	Abortion	Delivery with specified complications	Complications of the puerperium	XII DISEASES OF THE SKIN AND CELLULAR TISSUE	Boil and carbuncle	Cellulitis of finger and toe	Other cellulitis, abscess, and acute lymphademitis	Impetigo
Int. Classn. No.	689-019	640-649	850-658	670-678	88C-689	912-069	089	. 169	969-239	989

88

All age	8	8.0	13.4	3.0	
	L	Įn,	Ene	(e.	
	E,	b			

65 and over

100 Patients consulting 45,5

ģ

٩ All 8ges 6.9

S and

Table 9. - (contd.) Consultstions 68.2 90.7 23.4 46.6 99.5 94.2 91.6 85.8 65.9 65.9 22,1 28.5 28.00 88.00 88.00 258 858 178 870

,

5

÷.

0.0

7.8 16.3 3.8 21.5 825.5 0.4 6.8 6.8 6.8

3.1 6.5

> 0.8 0.1 0.3

1	297.8 260.7 279.7
ış d	222

97.0 0.46 444 000

28.3 84.5 10.6 8.8 8.8 8.8 8.8 8.8 8.8

24.4 27.0 844 4.69.7

85.75 27.8

888 400 855 857% 655 056

16.8 12.0

25.9 25.9 27.7 27.7

8 4 6 4 6

8.88

38.0 88.0 94.9 16.3 16.3 16.3 8.8

45.0 31.0 38.2

07.0

250.7 248.0 30.2 19.5 8.83

989	706, 702,	107	202.3	902	90,	713	714	25	endr. 90-716
Infections warts	Dermatitis	Водела	Rosaces	Psoriasis and similar disorders	Pruvitis and related conditions	Diseases of hair and hair follicles	Diseases of sweat and sebacedus glands	Chronic ulcer of skin	Other diseases of skin and cellular tissue
Min p.	20 Br. Dr.	30 to 11	XI for the	35 in D.	32 Fe ft.	N fig fig	21 Se de	Migra Dr	30 to 04
995	31.5	38.5	1.2	80.2	18.0 15.4	3.64	18.7	10.6	28.7
28.4 25.5	20.8 21.0	8 8 8 6 6 6	0.00	5.5	4 0 0 0 0 0 0 0	3.7	855 8.58	000	34.4 31.0
11.4	30.0	28.8 28.4 28.2	2.7	9.00	6.1 16.4 11.6	12.1 8.7 10.3	27.8	1.8	25.4 26.4 26.4
5.4	87.4 37.4	44.4 39.1 41.6	1000	စ္တေစ	11.5 25.5 19.0	4.5	8.8 111.8	15.5	28.3 26.0
10.5	25.1 28.5	50.2 40.8 44.5	144	9.5 15.4	20.6	80.0	7.0	32.9	28.2 28.4 4.4
4.00	12.1	125.55 0.45.55	40.0	0 0 0 0	5.7	4.0.0	8.4.8	151	13.8 18.8 18.9
14.6 12.8	11.7 12.2	15.0 15.0	1000	2000	555	9.9.9	9.4	0.0	20.0 17.0
400	355	9 45	949	10 410	വ്ഷ്യ	0.40	តុងុង្	000	ងូងូងូ

(90090)

848 FUL 888 OUF F88

		_		90	Consultations	81			Patien	Patients comeul	l d
Classa,	Disease or Condition	-	All ages	b	5	-63	85 and over	All ages	b	Ψ	and make
2760-776	XV CERTAIN DISEASES OF	×	7.0	29.6	,	,	,	2.8	6.	,	
(ex. 763,	EARLY INFANCY	u	0.9	29.9	,	,	•	2.3	9	,	
764)		۵.	6,5	28.7	,	1	,	2.6	=	1	_
760-778 (ex. 763,	Certain diseases of early infancy	32 Fe	999	88		1 1		8.0	11.9		
784)		۵,	6.5	28.7	1	1	ı	8.8	11.8	•	_
780-795	XVI SYMPTONS, SENILITY AND ILL-DEFINED CONDITIONS	x 4 a.	202.5 273.0 239.6	222.6 212.0 217.6	206.1 73.1	179.6 230.1 206.6	459.2 621.3 556.6	94.8	9 - 6	66.7 99.5 84.0	
780.6	Vertigo	XI for the	0.00	886	450	13.8	288	10.4.10 10.01.01	000	នេះ សូសន	
780.7	Disturbance of sleep	X 64 64	15.8	1227	4.8	25.9	28.0 40.5 4.4	64.0	949	53.45 7.08	
782.4	Acute heart fallure, undefined	XI for the	5.55	111	000	8 4 6	25.5 29.8 8	2000		377	
785.3	Cough	XI fee pa	18.5	33.5 4.4 5.4 4.4	12.2	12.1	18.83 18.83	9 00 e	20.5	6.66	
786.7	Pain in chest	N; to D.	6.8	333	10.1	0 6 6 6 6 6 6	9.00	80.8	8,88	5.5.4	
784.1	Nausea and voniting	32 fe, p.	5.7	8.5 12.5 10.9	2.2 3.8 5.0	3.4	1.9 5.8	80.0	6.0	2.0	

86 ibrary Digitisation Unit

(90090)

15.5	944	84.8	5.5	0000 0004	0.40	488	17.4	25.5 25.0 25.0	181	ကို လို လို လို ထို လို
500	0 to 10 10 to 10	122	1.7	3.3 4.7	9,4% Rein	9.55 7.88	4.00.4	88.2 46.7	380	1105
16.5	5.00	90.0	404	0.00	6.79	4.00	0000	110.3 89.1 97.5	45.0	45.0
355 507	8000 8000	90.4	1:52	10.3	8.72	7.55	40.0	86.3 81.0	7.4.6:	20.5
1200	555	353	0000 0000	47.5	5.7 8.8	8.50	8.1 5.0 5.5	41.6 48.8 45.4	4.5	24.8
88.2	7.0	45.4	12.5 10.3 15.5	4.5	1111	6 6 6 6 6	35.4	45.5	00 00 00 10 00 00	9.00
18.4	8.00	48.8	464	5.7	4.8 8.4.8	544	10.2	56.53	90.00	18.1
E lead,	Nor or	XII. A	Min. n.	X % 0.	XIG.D.	XIII D.	XI for the	30 to 0.	32 gr tr	X: 64 D.
Abdominal pain	Diarrhoes, age 2 years and over	*Vomiting and diarrhoes*	Incontinence of urthe	Pain in limb	Pain in back	Resh	Pyrexis of unknown origin	Other specified and general symptoms	Nervousness	Dability and undus fatigus
785.5	785.8 (pt.)	785.6 (pt.)	786.2	787.1	787.5	789.2	786.8	Rendr. 780.789	0.067	790.1

(90090)

			Table 9	1	(Contd.)	
			Cor	Consultations	sus	
se or Condition		All ages	٩	101	-94	8,
ERTAIN DISEASES OF EARLY INFANCY	* L C	7.0 6.0 6.5	29.6 29.3	111	111	
diseases of early y	25 (4) (3)	0.08	88.9 88.9 7.8	111		
SYMPTOMS, SENILITY AND ILL-DEFINED CONDITIONS	X 11 4	202.5 273.0 239.6	222.6 212.0 217.6	136.0 206.1 173.1	179.6 230.1 206.6	- 46
	M pr tr	2000	000	4.50	2524 26.54 26.54	
ance of sleep	X160 04	15.8	454 1447	40.0	21.7 15.9	
eart fallure, ned	25 fee 0a	41.6	111	0.00	8.5	
	X In 0.	16.1	33.4 33.4	12.2	331	
chest	X; 6- p.	5.6	277	10.8	10.9 8.5 8.5	
ind voniting	X: 6- 0-	7.7.	9 2 3	99.00 0.00 0.00	44.0	

್ವರ್ಷ ನಡಡ **ಸಿಗ್ನಿಸ್** ಜನ್ಮ ಇ.ಇ. ಇ... ೧೦೦ ಆರೇಶ ಇಇಳ ಇ... ಹೆಟ್ಟ್ ಪಟ್ಟ **ಎಟ್ಟ್ ಸಿಸ್ಟ್ ಸ್ಟ್ ಎ**ಟ್ಟ್ ಚಿತ್ರ ಇತ್ತು ಇ... ಪಟ್ಟ್ ಪಟ್ಟ ಕಟ್ಟ್ ಪಟ್ಟಿ ಸಿಸ್ಟ್ ಸಿಪ್ಟ್ ಬಿತ್ರ ಬಿತ್ತು ಬೆಟ್ಟ

35 and over

P 111 ages

S and

9 9 8

atlents consulting P 600 600 From 640 600

00.8 4.88 0.11

100	5.7 9.4 4.4	က်ထိုက်	7.2	7.80	20.7 16.9	24.8 17.6	2,00	18.1	xra	Debility and undue fatigue	780.1
구하는	12.0	122	200	45.00	3.4	9.00	01 02 02 02 05 05	35.0	21 64 64	Mervousness	790.0
ន់ន់ន់	828	25.5 5.5 5.0	25.4	110.3 97.5	86.3 81.0	41.8 48.8	65.5 45.5	88.88 8.88 8.00	35 gr U	Other specified and general symptoms	Rendr. 780.789
404	944 468	17.4	48.8	0 0 0 0 0 0 0	8.08	8.1 5.0	35.4	2022	z-a	Pyrexia of unknown origin	786.8
444	0.00	400	0.00	101	400	80 4 10 61 70 60	0.00	564	Mp-0"	Rash	788.2
श्चेन	440	8.08	8.48	87.8	8.278	5.7 8.8	111	9.49	Z%a	Pain in back	787.5
×0.004	24.8 4.8.8	8 8 8 8 4	6.73	0.88	8.7 8.7	9.50	45.4	7.2	z i.a.	Pain in 11mb	787.1
666	0000	12.0	2.2 1.1 1.0	4.0.4	1:01	2.0 2.0 2.3	10.3 10.3 12.3	410.4 0.000	X15.0.	Incontinence of urine	788.2
666	9000	848	122	96.6	8.5 1.5	254	48.4 8.55	985	Xin a	"Vomiting and diarrhoes"	785.8 (pt.)
10 00 00	9 2 8	344	0,000 10 10 10 10	222	80.0	444	8.5	880	Mer er	Diarrhoes, age 2 years and	785.8 (pt.)
444	7.8	25.51 2.6.61 2.6.8	200	16.5	22 22 23 25 25 25 25 25 25 25 25 25 25 25 25 25	15.8 15.8	25.55 0.55 0.6.4	18.4	Z in p.	Abdominal pain	785.5

Classh,	791	794	790-71	
(90090)			88	

Disease	Depressio	Headache	Senility psychosi	Other 111	XVII A	Practures	
ů.	62		4	dr.	-M999	689	

533

7.8 0.00

1.1.1 555 33.1 05.7

0.00 444

40.6

6.00 10.1 10.1 10.1 10.1 195.2 265.1 237.2

0000 040 000 P. 0. 4 227.6 258.3

041

17.8 47.1 33.3

Althout mention of defined diseases

0.00 888 444 844

400

Patients consulting

4

b All ages

S and

P

ě

P All ages

or Condition

fable 9. " (contd.)

Consultations 25.5 28.85 128.85

Fractures	Sprains and Joints and	Head injur	Laceration
NBOD-NR29	1840-11848	4850-N856	N670-1908

(NATURE O	joints and adjace	Head injury (exclusional fracture)	Laceration and op-
-----------	-------------------	------------------------------------	--------------------

	Political States	ክ	MOUT
	ins and strains of nts and adjacent was	injury (excluding	retion and open wour
	adje	(exc	pug
	and	fraci	10n
cures	1128	뒥급	rat

(ATURE OF INJURY)	d strains of adjacent muscle	y (excluding cture)	вла ореп моша
P	and and and	PR.	96
w	pt 40	8.2	8
5	5 5	26	8
. ≦		100	- 65

29.2

19.0 15.0 200,6 200,6

	115.5 89.9 102.0	9.75	28.7	884	20.0 11.2 15.4
	195.2 265.1 237.2	43.7 82.0 66.7	30.3	10.5 9.5	17.9 15.8
•	227.6	58.0 38.5 47.2	\$2.50 6.50 6.50 6.50	7.0	8.08

844 004 5.00 844 000 5.00

4.6

800 000 800 801

98 B 98

1024

9.4 18.8 13.5

7.7 42.2 58.3 54.0 4:15 25.5

9.0 19.4

9.83 0.0 26.3

33.0 83.5 06.9

149.3 167.8 253.7 212 888

184.0 184.0

										1		
1 8 8 1 1 2	10.0	118.8	94.5	36.1 69.7 53.4	15.5 14.1	16.1 17.8 16.9	34.1 661.9 366.5	224.9 224.9 224.0	312.7	21 lbs 04	Non-Sickness (including routine maternity cases)	,
- 6 6	200	2.5	8	53.4 53.4	7 - 2 ±	16.9	365.5	224.0	200.1	- 4		
= 5	0.0	22.3	94.5	35.1	15,5	1.6.1	#°15	226.9	73.2	×υ	MON-SICKNESS	,
9.4	200	40	7.5	9 60	10.3	12°51	12	11	11.7	ĺn Ω,		N800-N999
4.0	4 2	5.4	7.8	6.0	11.4	13.9	973	22.0	12.7		Other Injuries and reactions	Bendr.
9.4	11.4	12,8	12.0	11,7	88.4	28.7	27.6	17.5	25.4	· O.		
7.4	13,6	18.7	14.0	15.1	22.4	39.5	62.3	20.6	84.3	XI D	Injury of other and	N996
4	2 4	200	8.8	0.0	12.5	4 12	11	8.8	13.4	i- 0,		
621	021	7.7	9	5.1	7.3	7.8	11.1	21.9	12.4	×	Burns	N940-N949
0.0	9.0	4.0	0.4 0.0	4.6	12	4.0	0,0	12	0.4	104.04	entering through oritice	DDGN-NDGN
	,		,	i			,		;	. ;		
24.0 24.0 80.8	200.5 20.5 20.5 20.5	26.3 13.8	28.7	24.8	57.4	684	25.0 2.0 2.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3	84.8	28.5 8.6 8.6	ZI See th	Contusion and crushing with intact skin surface	N820-11329
7.0	4.00	1110	17.9	944	452	27.5	17.7	25.00	18.8 18.7	20 St. Ca.	NSIO-NSIS Superficial injury	N910-N918

reter -	101 Patte	Consul 5 for db	Lation R.	rads 18 Comitation beins ser jedis Pepulation in Type of executar, and is and Standerd hopion for the Frischall Observed and Conditional Disposed Fortier has not cleanes er constitution takes to we see set acts, are heard in the proportion of the fortier and by not a time the titles.	practics,	al based on	ach Stand	ard Regi-	on for th	e Princi	pai Dies	d by K or I	coeltions	Blagnos	,
group	- Jasel Linksin	Brah	Sest Sest	Massa or Ordition	Practices in furrey	Northern	Mart and Mart and Ridings	Mon Carro	Marth Marth	Material	Eastern	Lendon and South Yeatern	Sections	South Vectors	Wales
362	3698	3626		ALL DISEASES AND CONDITIONS	17.51	37.73	1062	3565	2035	1881	287.5	3136	3187	98	3
				INFECTIVE AND PARASITIC DISEASES	-										
87.83	21.5	98,0	201-008	Interculated of respiratory system	17	26.0	10.6	84.8	9.0	30.00	1997	9.7	97.0	å	60.7
9	4.3	80	010-010	Inberesiesie, other forms	3	2.5	3	4.0	0,0	9.7	8.4	97	9.0	3	7.0
4	3		020-020	Syphilis and its sequelas	2	9	9,0	3.0	1	92 50 50 50	60	3	0.7	10.0	9
6	%	6.4	600-000	Conceptal infection and other remarkal diseases.	3	'	970	5	7	;	6.7	3		7	
7.1	3	1	048-048	Upsantery, all Jorna	9.0	9.0	9.5	8.0	3	:	10 00	875	3	6	\$
1.8	3	ð	85	Pood poleoning (infection and interiostica)	1.8	8.0	2	12	9.0	3	;	8.0	3	3	8
	_ ;	4	8	Beerlan Cafer	9.5	3	9:0	7	2	2*2	e I	3.0	3	**	à
:	:	_	1	directionical sore throat	2,6	4	r-i	4.5	9.0	3	9.0	3	;	3	•
: :	:	_	8	Septiceonia and presenta	9.0	1.0	9.0	9.0	115	0.0	6.4	5	0.8	1,2	°.
;		_	988	Distinction	ı	ı		,		,	ι			1	•
Ď.	9	2	920	three autosoff	0.01	3	19.7	16.0	13.1	10,1	6.5	0,7	3	7	80.8
6	_		250	Malapcoses infectors	3	,	0.1	3	١	9.0		٠	9.7		
	_		80	Again policementain	0.7	8.0	0.7	9.0	8.0	4.0	ş	3	3	3	;
3	_		280	Active Safestions excepted title	0.1	9.0	0.1	0.5	9.0	ı	ő	9		ı	3
1	ì	_×	96	eatories .	24.5	23.1	26.7	11.0	2	37.6	13.6	27.8	e Si	63.5	66.2
	_	_	970	Supplie (German Hearites)	9.9	9	8	13.0	4.7	3	i	3	1,	3	18.0
1	_		-	Octoberon	11.0	172	34.0	977	1.91		3	7:11	11.0	7	;
88		**	_	Herped abstar	18.4	10.3	e g	3	19.3	1	š	10.0	3	6.62	3

7	35	0.0	8.8	0.0	7	17	1.0	0.1	0.5	272			1	80	8"8	3	9.0		9.0		3		18.6
22.6	2	97	ž	2.0	ş	12.3	0.0	2.0	1.8	11.4			e2 80	9:	60	9.0	3	,	7	8.0	6.7	27	**
3	97	ä	00	0.0	9	14.3	7	0.0	970	4	_		9.0	6.0	9.0	174	0.3	57	**** ***	0.0	7.5	,	0.0
3	2.5	94	4.1	9.0	9-6	7	1.3	9.0	6.7	10.0			3	8.0	2	6.7	e.	9.0	1.6	a.0	7.0	5	9.9
2.0	3.6	4.5	3.0	6.5	4	7.7	3.4	5,0	9.0	16.0			3	7	4.7	5.5	2	1,0	07	0.2	272	3	ş.
7,	979	3	80	9.0	6.3	14.7	9	6.0	9-0	30.6			2	3	1	3-4	ě	3.4	2	3	7	3	200
2	9	7,7	7	20	3.6	12.0	17	3.0	0.5	22.4			8.0	,	9	8.9	4.7	8	,	,	7.4	,	20
11.7	8,0	3	2	å	ç	3	2.2	3	ŝ	2			9	9.0	9.4	S	2	8	ę	3	0.11	ç	17.4
3	18.0	1	3	å	979	12.1	3	3	0.2	17.6			97	å	57	4.5	80	?	9-8	0.2	9-4	10	9.0
2	2	2	2	,	3	30.6	970	5.0	3	2			1.2	2	9.9	27	6.5	3	2	,	2		0,0
3	7.4	3	2	3	3	17.0	3	3	3	977	JAN MILLS	-	7	3	3	3	2	3	31	270	3	3	7
Mante	Infactious bepatities	Checkfar fever (intections nationallecals)	Edupou fabrilla	Epidenic synligt (Sorthulm disseas)	Capurisatis	Demalophytests	Doubles	Petfedosts	Surcotd of Realk	dither inflective and persoittle	MODINAC	Exitment neoplaces	Stocal cartly and phagun	Овториадия	Stoweth	Large intentina, except rectum	Yare Date .	PARCESAS	gither digestive organs and performen	Larges	Ling, beendins and trachas	Other respiratory against	linet
8	980	88	0.960	9999	130.1	131	135	El .	233.0	heads. 001-138			140-148	91	161	200	154	NI.	Resett. 150-159	191	168, 163	Rends. 160-165	2
ģ	1	3	ķ	5.0	4:4	17.0	77	50	6,0	911		_	2-7	3	3	ŋ	20	ő	1.8	7.0	4.9	'n	9.4
16.1	5.3	1	60	9	*0	30.8	12	7	1.3	10.0	_	_	1.0	9.0	10.1	9	0.0	1	1.6	0.0	10.6	6,0	18.0
9	4.9	ž	4	6.0	4.8	20.6	3	4.0	0.8	10.9		_	7.4	0.7	9.6	60	4.5	9.9	2	å	92	7.0	7.4
(90	090)									91												ľ

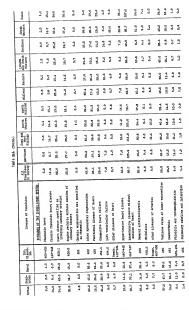
d image digitised by the University of Southempton Library Digitisation Unit

ŀ	-					Table 10& (Contd.)	(Don 10.)	Ī	ľ	Γ					
Thoms	Sent-	Parel	CALLING.	Movement or Constitute	Fractices In Surrey	wrther	Net and Nati	North Mestern	Man Man	Helwid	Eactern	and fouth Enstern	Southern	Bouth Western	***
3	5	3.1	15	Cerrix uteri	3	99	9,7	1.0	-1 00	7:	4.5	10	970	1,6	10,0
1.9	2.0	3.4	272	Corpus uthers	62		9.5	0.0	6	17	8.0	66	5°	1	ı
11	1,1	2.7	175, 174	other and unapposition parts of wheren	8:	3	3.4	:	8.0	0.0	3	3		27	8.0
9.0	9.4	10.5	103	Prostata	7.8	10.0	2.6	7.0	15.2	2	2,0	97	9	9.0	6
1.8	8.	1.7	10	Radder and other urthary orpus	1,0	3	1	3	11	3	9.0	91	8,0	8.8	9
89	×2	62.0	Bendr. 200-281	Other gantideurinary organo	9	10.7	8.1	3	1.6	ij	9.0	4:	ä	1.3	6.0
8.1	'n	2.3	190,191	Skin	7.7	27.0	2.1	8.1	9.0	3	2.2	1.7	11.6	5.0	4:4
9.0	3	0.0	100, 103	Kye, brain and other nerwoon system	0.0	8.0	9.0	1.6	9:4	3	7	9.5	•	0.1	0.1
5.7	92	9.0	196-199	other and unspecified altes	8.0	10	4.3	9.8	e2	3	a n	91	80 80	0.0	0.0
0.4	1.3	0.4	100	Medgith's disease	9.0	9.0	*	3	1	;		9.0	0.1	70	
878	0.8	0.1	900	relitible systems (plasmorytons)	9*0	•	å	9.0		•	870	0.8	0.0	•	ı
0.0	8.0	9.0	102	Leukacetta and adendosenia	3	9.0	0.0	9.0	2	S	0.8	11		5.3	0.8
9.0	3	970	header. 2007-006	Other necoleoms of lymphatic and becommunicatio tinames	8.0	8	3	3	4.	0.3	9.0	1.0		0.3	
				Penign Taopiaces											
9.	0.4	0,3	13	Presst	0.4	4,0	810	2.0	5	0.8	,	9.0	0.5	4.0	0.2
6.7	0:0	6	718	Uterine fibrospose F	6.7	0.5	9.0	7.6	7	1,	9.0	0.9	9 2	7.7	1.3
1.6	0;	1.8	818	Uterus, other	1.7	1.3	8.0	975	9.0	9,0	1.5	1.7	5.7	1.2	11.0
8.4	3.	2.7	210, 217	Other female genital organs F	99	8.8	3	20	21.6	93	e d	1.0	:	3.1	8.9
1.9	17	3	200-022	aktin	9:	1.7	ă	97	0.5	5.	8.8	9:	27	9::	6.0
5.5	3	:	Aundr.	other and unopesified organs and tiganes	9.0	3	3	8.0	00 15		9.4	0.0	6.1	9.5	6.

3		7.0	0.00	27.7	3	3	7	2	3	3	8	7	5.5		38.2	ij	3	8.	'	
6.4		20.0	5.0	98.0	9-6	1.0	17	9.5	41-1	8.4	61.5	ei ei	1.2		14.8	14.5	3.6	87.0	,	•
8		2	40.0	10.6	n e-	1	1	ŝ	17.5	3	a a	8.8	3		34.0	8.81	9	7.7	970	,
1.8		9.4	98.0	277	7	9	3	7	276	976	97.6	8.8	ži		978	18.0	3	300		•
9		22.3	38.0	16.5	2	87	2	9.0	9.22	1.0	1,1	2.0	2		32.5	1.0	970	5.1	•	
1.7		9	0.17	22.0	9	3	3	3	4	ž	4.6	ě	10		22.2	20,000	9.0	877	170	0.2
2-2		13.0	2.2	978	1	3	2	97	17	2	978	3	2		30.1	2	3	270	S	,
2		20.3	90.7	28.7	2	7	2	2	88.0	174	287	3	2		2.5	25.7	3	2	1,0	170
3		97	9	24.2	1.6	97	3	3	20	3	2	87.8	2		617.5	17	2	30.4	97	0.2
8.0		**	17	9	22	1	2	20.4	8.2	2	8	3	2		9	3	ä	54-1	,	,
1		22	5.5	7	3	2	3	3	2.2	5.5	977	3	3		6	9	3	ij	ä	0.1
sample pergreening to movidous	ALEGALC, BIOCCINE SYSTEM, WELLINGLIC, AND WETSTERNE, DESCRIPE	Say fater	Asthes	Urticaria	giber allergie disposers	Simple gaithe and nominate nominar gaithe	Dyretoxicosts with or without goiter	Management and creditalism	Dr. abe ton melliftum	Arttentagoss	Chanity, not specified as of onforting or officering origin	Opera	other archering system, metabolic and matrificant diseases	DISEASES OF THE BLODD AND BLODD-	Perniedous unamén	(hypothemic meaning)	other sanatas of specified type	Answers of unspecified Upon	Baemphilita	Agramilograsia
603-003		98	148	585	Sendr.	280, 281	ii	200	8	920-000	242	288	Sentr. 2007-508	-1	290.0	ä	Femile. 290*593	2002	ñ	88
3	_	17.1	80.6	19.6	2.0	3	7.4	6.2	87.4	10	30.0	7.5	20		5.15	19-1	2	30.6	9.0	,
3		9.11	46.3	17.6	20	1.7	2	7.9	24.7	1.6	1,1	10	8		9	7.5		8	8.0	•
118		34.4	54.7	20.50	9.	1.7	P. 0	5.0	8	0.0	2	2	e0 -		0.68	1,1	3	15.0	9.0	7
(90	0090))									93									

	South Mestern	\$		2 18	130.5	81.8	5	4.0	22.3	99 93	10.3	9.0	:	10	3		£.3	ç	9.0	1,5	
	Beutastti	97		11.5	225.0	61.0	4.0	20	3	9.6	12.1	5.5	8.1	9.0	1		7.4	6.4	7.0	3	
	London and South Fastorn	9.		11	7.081	4.9	;	24.4	4.8	071	12 21 21 21 21 21 21 21 21 21 21 21 21 2	9.0	9	3	3		0.66	6.6	97	4.	
	Enstern	60 60		17.7	104.4	34.0	6.8	8.0	17.7	88.9	20.7	ş	27	0.8	:		88.0	10.7	5.5	3	
	History	1,5		15.4	143.6	89.3	3	1.6	4	2.2	ż	3	3	3	ş		0.	9,	10.6	2	
	yorth Hitland	3		30.7	105.3	92.0	9	9.9	2972	0.0	10.1	9.0	8.0	9.0	1		88	6.3	6.5	10.2	
	North Western	1.0		18.6	6,77	65.4	*	.5	ë	83.6	ž	9.9	3	17	1:8		48.5	10.0	7.7	3	
Contra)	East and Meet Stdings	9.0		12,0	105.3	4.4	3	8.7	1972	11.2	24.4	0.0	1	97	1		9.6	6.	5.2	34.4	
Table 10.6. (Contd.)	Kertham	3.		20.5	168.0	72.3	P. 0	9.0	1.3	0.53	7.7	;	1	3	3		277	14.1	0.0	97	
2	Practices in Survey	91		18.7	9797	20.00	2	0,7	20	6.2	8,6	9.0	9:	7	2.7		28.6	7.6	7.4	6.4	
	Masses or Condition	Other disease of blood and bloof-Diriting Organo	MINTAL, PSECHDISHIPTIC AND PERSONALITY DISCRIPER	Pupolitoana	paydinamette districts	Auxility reaction without mention of somatio symptoms	Masterical reaction without mention of existy reaction	Murchie-Oxpressive resolice	paychtorerosis with sematto	Aethenic resoldon	unappointed perchangements	Azerbalzon	primary childhood behaviour disorders	Hentsi deficiency	other disorders of character, behaviors, and intelligence	DISCASES OF MERNOUS SYSTEM AND	Vaccular lasions affecting central narroza system	puttiple selerosts	Partition agitima	Other cerebral paralysis	
	Chasen.	Bande. 291-339		300-909	310-318	210	277	274	515-517	sto.s	316.6	888	188	355	Sandr.		200-204	245	280	358	
	Tarat.	3		34.4	145.1	74.2	2.2	10	27.0	2,2	1,5	3	2	1,	3		4.1	*	7.4	e;	
	Bent- urten	3		10.9	121.7	20.5	3	2.7	8	10.01	200	9	1	3	118		8.1	9.6	0.0	ž	
	Urbacı	9.9		15.1	155.8	84.6	9.8	9.1	24.7	80.0	8.7	0.7	3.6	1	10		Ř	7.6	6.6	0.0	

26.9	250-4	2.	9	3	15.8	2	7	ř	3	1.0	3	14.7	8,6	5.6	5.1	8,3	15.6	72.1	8.3	30.1	8	4.7
15.3	7.7	22	3	2.0	9	3	7	81.7	270	5.3	5	17.7	60	e io	7.0	0.7	15.1	9.2	9.9	13.0	13.1	1.0
30.0	16.4	6.5	9	3	8.9	8.8	n 0	23.8	7.5	10.4	9	14.8	9.0	27	57	9	13.8	91.0	97	37.6	n .	9.3
9	7.4	6.2	2	3	2	970	6.0	81.5	3.0	7-4	3	10.7	2.0	;	04.00	10.4	10.6	49.0	2	25-0	į	9.7
10.0	0.0	3	7	3	7.0	12.4	370	92.5	3	ž	1,0	27.4	272	ŝ	3*2	9.5	9:0	7	2	1.1	9	4.4
22.0	**	2	7-2	27	36.9	6.01	6.0	8	3	1.0	7-1	14.0	2	5-7	1.5	2	150	09.7	80°	8.9	9	1.0
27-6	11.6	2	3	0-0	22.3	7	3	2172	7.0	9	1.0	15.5	2.8	3.7	978	30.5	25.0	9.9	3	88.8	3	3.6
7	34.3	3	3	3	11.0	ŝ	3	ř	3	3	7.7	18,7	3	6.3	3	25.2	3	2 8	3	24.0	9-11	5.7
9.2	22.0	2	5	12.1	27.2	12.7	3	::	3	7.4	16.5	30.0	3	2	1.0	3	E-1	8	3	26.5	1	9.5
92	925	3	3	5	277	277	3	5.2	3	9	3	15.2	2	2	97	202	ř	2	97	297	2	2.0
Spilwper	Kigrathe	Other diseased of central Dervous ageton	Pacial paralysis and tripment neurolgia	Resolut neuricia	Ociation	Other and unspecified forms of neuralgia and pweelita	Other disease of serve and peripheral segils	Conjunctivitie and optimizate	Blapbaritis	Hordedium (night)	Other inflammentry discuses of eye	Rafractive errors	Cornest utest	Caternes	CINCOR	Other diseases and conditions of eye	Otitis externs	Officis media without numbion of xastoiditis	Ministers Clease	*Nex to sez*	Other diseases of enr and anschib pricess	397,390 Ocadises
200	200	340-507	300,201	200	382	204-566	267-262	370	202	325	Fendt.	988	100	386	387	Rendr. 200-500	390	15	86	(10) 300	300-004, 390 (PN)	307,390
35.6	2	2	9	9.0	34.0	1	5,	28.7	3	77	8	24.2	10	3.8	2.7	1.0	2.1	56.3	35	12,00	5	2.4
7.7	10.0	77	3	4.7	2.2	1	9	24.1	8,0	7.7	9	13.4	er ri	6.	10 10	2	13.1	84.6	3	90.00	6.	4-5
20.1	13.7	7	6	4.1	70	11,0	0.3	5.5	6.9	5.7	4.5	16.3	9.0	6	6.3	10.8	34.4	57.7	5.4	20.7	10.9	3.4
(8	100	90)									95											



11.0	5.5		80e.1	0.3	7.82	325.5	83.0	9.55	5,200	8	2000	2*80	94.0	6.1	73,8	27.2	18.1	10,5	12.5	4.8	27	7,7
10.0	2		878.8	979	53.53	119.0	20.0	8	1.046.1	1.2	854.8	\$9.9	0796	977	2.0	50.7	20.25	8.8	28.9	Į	3	0.11
97	8		108.4	6.6	44.6	48.4	19.0	40.7	110.6	61.0	9.135	47.1	71.7	15,0	12.7	34.4	27.07	14.7	16.0	7.9	0.0	6.9
11.6	1		256.0	6.4	8	37.8	9779	85.7	76-4	200	247.6	47.9	110.6	2170	9.00	10.45	9*9	8.5	24.7	979	80	4.7
7.8	97		2007	5.6	0.03	01.3	11.7	6.7	0798	31.7	344.5	24.0	9797	22.0	22.1	11.0	10.6	2.0	24.8	4.6	,	10
24,5	3	_	100	6:	60.9	0.70	80.8	34-5	108-3	67.6	220.5	6.03	520.0	34.6	97%	100	17.2	10.0	17.5	8-1	2	11.0
18-6	2		2007	7.	89.0	113.0	20.5	21.0	8.58	8.1	2002	10.3	101.6	13.1	80.2	17	13.5	24-0	255.1	7.6	7	2
11.0	7		194-9	3.5	9779	5.7	37.0	98	118.0	8	27002	200	207.2	20,05	70.0	2	11.2	9°	6.52	979	92	2
9	3		138.1	3	3	27.8	21.7	£2.4	225.5	å	276	85.0	75.7	15.4	303.4	45.4	18.0	197	877	3	9"0	2
22.0	113		115.4	970	9778	2002	9	8	106.6	â	161-4	3	8.0	979	20.5	20.7	9.2	1972	5,00	7.3	ņ	18.7
871	3		168.5	63	ŋ	3	67.0	9	0,211	ij	1-110	9	9	18.6	17.09	88.8	55.55	17	27.6	7.2	31	3
13mpbedssilis, unqualified	gither directors of circulatory againm	DISEASES OF THE RESPIRATORY SYSTEM	Ayeta manopharyngitis (comen cold)	Acute atmattds	Acets plurgagitts	Acute upsatizitis	Acrite Largugities and treatments	Arth upper respiratory infections of mittagle or unspecified either	princera	Paremonts	Descriptor	Action broadfills	Breschitis, not apesified	Propolitie with emphysems	other should brunching	"Suitiple" brouchitta	Appartraphy of Genalia and administra	Chymic planyngitis and neopkaryngitis	Obvoste afmettia	Platering	Preumbonicais des te allies and sillestes (compatissal)	Prophise tasis
400,2	Flands.	_	ĝ	1,00	E C	6	101	Ę	200-007	765	300-008	8	109	0.305	1700	;	979	110	27	513	522,528	8
4.11	F: 5		239.0	5.7	1.1	1700	28.3	27.52	134.4	36-8	199.5	9	25.6	13.8	20.0	10.0	15.0	14.2	81.8	6,1	9.0	7.6
11.1	3		97979	5.5	74.2	7.60	8.9	15.6	8.5	1.09	97179	85.8	70.1	15.6	65.0	9.61	15.3	13.0	29.3	7.5	0.5	6.0
1,21	2		979.9	5.5	40.7	91.0	0.83	50.5	134.0	17.00	305.4	0.40	0.111	26.3	76.4	34.9	18.0	\$\$ \$\$	10.0	4	200	2
(8	9009	0)										97										

1	Hales	14 00	- 87	-	-		8	30.0	4.3	8	-	-	11.8	200	48.6	_	-	-	-	20.0	_			_
	South	ģ	6.55	8	8	9	15.0	20.1	10.5		ě	i E	18,7	48.8	54.8		9	7	8.0	94.6		8	2	_
	Southarn	200	77	-	0.5540	34.8	10.3	255.1	7.0		4	20.2	0.0	255.33	20.00		10.8	9 10	3.	44.0	_	1	3,4	_
	London and Bouth Eastern	2	e H		100	14.2	14.1	8.73	3.5		100	98.9	10.3	27.0	****		18.0	9.0	2.5	:		0.0	8.8	_
	Eastern	3	6.9		307	10.8	7.0	35.2	40.8		13.5	9,04	9.0	16.1		1	9	1	9.0	-	1	40	Ş	_
	Hidlest	27	9		**	19	11.3	220-2		ì	297-0	34.4	10.0	7.05		ş —	18.5	97	'n		À.	'	1.0	_
	MONTH SELECTION OF	2.5	200		8	24.0	6.9	98.1	:	ì	4.6	18	20.5	82.0		25.1	10.7	2.7	2.6		ii 	3.4	8-8	_
	Mestara	17	2		23.1	0.51	70	40,7		10.1	9 8	22.00	19.4	8.1		1.0	10.6	:	27		5	17.1	2	
Conts.)	Stat and Wast Middap	8.7	7		37.3	3	18.8	177		eq e0	8.1	200	28.5	4		ğ	22.0	2.5	6.6		i,	3	5.7	_
TALE 10.4 - (CODDS-)	proper	:	'n		17.5	18.7	10	8		9	82.50	64.9	11.4			17.7	19.0	2	:	1	9 8	970	278	
TABL	Pruntines In Survey	5	3	-	5.10	i	9	;	•	9	34.7	7.00	177	;	1	70	27.7	72		2	7	3	3	
	Disease or Condition	Employment without mention of branchitta	Other dismison of respiratory against	DISPASS OF THE DIGESTIVE STSTEM	Diseases of Leeth and dopporting	other diseases of boots, cerity and ossophages			Stear of discount	paptic ulcer, not otherwise appetitied	Onstrittin and desdenitin	plannishs of familion of storach		Appendictions	Marries of abdominal carties	Contro-enteritis and colliss (except ulcoralive)	Constigation	and process and Claimle	-	Absons of man, and restal regular	other disease of digastive system	Circlesia of liver	chestation and	CONTRACTOR INCOME.
	Chart.	1.750	Bendt.		890-008	659-965	1	200	641	(36) 090	945	1	5	280-682	199, 991	871,784	0.52	i	4/0	272	Sendr.	ŝ	i	ń
	Fac-al.	2	7		24.7	21.2		r.	7	6.3	7.55	_	_		20.2	6,0	19.6	_	5.0	8.0	19.0	į		6.7
	-teat	1	19.1		8.4	14.0		1	8.5	0,0	9			18.0	24.3	8.8	-		ä	2	20.02		٠.	10
	Tròns	4.4	15.0		24.0	13.7		14.1	8	7.6	ğ		8	13.6	20,4	5.65		180	95	8,0	18.4	,	110	3

15.0	3		į	27.7	2	31.7	0.3	7	8	3	3	20.0	6.5	0.5	67	ij	8.6	8.9	ij
:	970		2.0	22	92	19.0	0.5	6.0	10.4	6.1	7	10.7	17	9.6	0.0	13.5	27.23	34.4	27.0
9*9	ī		2.8	7.4	27	20.0	9	92	13.6	877	3	7	97	1.7	2	30.1	17	1.0	8.6
3	77		1.5	3	3.0	11.3	970	9.4	2	2.5	3	94.0	9	57	2.5	100	27.4	34.0	8
3	9.0		8.5	10,1	,	26.7	97	2	2	5.5	2-2	8-11	3	9.0	9-0	20.3	48.9	109	8.8
1	9		2	2	2	27.0	9.0	5.4	276	Ţ	2	2,22	17	7	3	19.0	8	9	8
10.3	5		3	2	7	278	ş	2	87.8	97	7.4	2072	6.1	97	3	16.6	3.	4	3
ñ	1		3	2	3	55 55	3	9708	15.4	3	3	2	ā	3	2	82.53	25.0	30.5	19 18
18.0	1		5	10.3	3	27	3	3	10.0	2	1	е в	3	1	3	6.12	ë	97.0	27.7
3	2		7	2	3	25.7	3	7:1	7	1	3	12.7	2	7	17	2	8.8	27.7	6.8
			_		_		_		M	30	ж	ж		(b)	ba .	de,	h		la.
Cholseystitis without mention of cultuit	Other diseases of liver. gell bladder med pessense	DESIGNATION OF THE CONTROL IN MARIE	Merghrills and naphrosis	ppelitis, melogetitis and pprincephritis	Calenti of kidney and ureter	Cyntitis	(machinis (box veneral)	Other diseases of unfary system	Apperplants of prosters	Sydroesta	prehitis and epidistraitis	other diseases of male genital organs	Diseases of breast	Salpingitis and conductitis	Other diseases of orney, Pullopian F tabe and periodician	Uberovegital prolupse	Discrising of mensionation	PRECENTAL APPROPRE	other disease of female ganiful organs
2	Sendt. 580-587		200-000	0.008	89	909	607	Reads.	610	210	110	Number.	500,622	400-000	625, 695	Ħ	424	ě	Numbr. GBO-GST
10.0 10.2 11.9	9.5		2.7	25.0	2.4	25.53	92	9"0	55.51	4.7	8-8	11.8	ž	1	2.1	4.	49.2	46.6	31.4
9	6		7	2	-	7.00	0.0	6.4	14.5	9.6	2	0.0	4.0	9	6.1	195	51.6	48.8	5.5
10.0	10		4.4	1.6	1.0	24.0	2.0	6.5	53.0	4.2	9	1	8.9	8.7	3	19.0	20	0.25	37.5
	0090) e digiti		y the	unive	preit	y of	Sou	lhampl	on L	ibra	99 ry D	igtisat	ion I	Jnit					

	Martes	_	9,14	-6-		18.0		40.0	88.2	8.8	8	8	97.6	25	9	15	8.0	9	12.3	
	South Western		36.7	15.3	5.7	38.9		88	25.0	11	87.1	11.4	24.5	46.7	17	11.0	28.4	9.0	13.6	11.7
	Stuthern		999	0,21	2.5	25.0		88.8	25.0	0,91	16.4	10.8	8	82.8	970	0.0	15-7	4.5	45	7.4
	Landon and South Eastern		88.80	34.4	8	10.5		49.0	20.0	8	11.5	13.5	80.8	7.88	1.1	9.4	15.6	9.4	18.6	10.1
	Eastorn		9.88	6.7	8.0	17.5		97.6	10.7	15.0	2	13.7	28	28.5	9.0	5.4	10.0	7,0	5.5	10.8
	Midland		27.6	14.5	7.5	28.1		44.6	87.6	84.1	77.7	10.4	9772	22.7	1.7	7.7	11.8	3	17.6	7*8
	Marth		5.33	33.5	7	18.0		88.8	8778	3	81.6	4.0	9.6	27.0	1.5	2	18.6	7.4	35.1	3
	Statteri Hesters		88.0	13.6	3	10.5		8.5	25.1	36.6	81.0	20.0	ñ	37.0	3	į	25.55	3.0	87.8	12
Conta.)	East and Nest Ridings		34.1	10.4	3	252.6		51.5	ň	87.8	10.8	11.5	2,1	60.0	9	10.2	34.0	7.6	18.7	2
Table 106 (Centa.)	mequat		977	17.2	5.4	25.52		6.53	9	21.22	25.55	25.3	77	700	9	900	27	7	83.0	10.0
Tab	All Principes in Suring		9,5	ž	2	20.0		200	12	20	19.7	11.2	9	34.0	1	3	ř	7.	7795	7.9
		žki	h	in.	h-	h	N.			age o							-			_
	Disease or Condition	DESCRIPTION OF LOCATIONS OF DESCRIPTION AND THE PRESENCE OF LOCATION AND THE PRESENCE AND T	Complications of pregnancy	Abertion	Colivery with specified complication	Complications of the prespertum	DISEASES OF THE SKIN AND CELLULAR.	Boil and eurbunels	Callmiftis of Cinger and the	Other estimitie, abross and scale lymphedestia	Imetigo	Infactious sarts	Osrmatitio	Kozens	Stoness	Provincia and similar discreters	Truettis and related coscitions	Diseases of heir and heir fellialer	Distance of meet and sebaceous glands	Chronic ulose of sith
	Charan.		810-649	200-000	670-678	880-688		989	501	PSE-034	8008	986	700, 11te, 708	100	202	10e	90	572	114	Ę.
	Stent.		4.65	14,1	7	11		57	97.0	17.7	92	10.0	92	55.5	.7	7.2	5,52	3	16.7	212
ĺ	Sept-		ğ	3	5	16.7		45.5	128.1	20.2	17.9	11.8	83.6	31.1	2	87	12.2	5	15 a	4.7
	Urbsa		30.8	5,51	8	19.0		56.2	20.05	9.5	18.1	110	91.0	37.0	1.6	0.7	2,4	7.6	15.0	0.0

~		52			_		-		<u>.</u>	_	_								1
8		11.1	24.5	5	47.2	57.6	38.0	48.8	27.9	4.5	3	27.0	81.0	100	3	87.0		10.5	
17.00		185.0	25.0	1.0	100	10.7	8,1	1.8	7.7	0.0	4	81.13	15.7	2.6	2	1.84		3	
25.0		2777	29.0	6-0	97	20.00	19.9	48.0	84.8	1.7	1,12	55.53	ŭ	87.0	97	17.4		3	
24.7		146-6	31.0	55	n H	14.1	200	200	80.1	80	1,2	11.7	24.4	77	1.2	15.0		2.0	
6.25		2002	24.1	0.2	4 6	n n	15.3	8	8.5	3	\$70	11.0	10.0	92	2	17.1		20	1
ŝ		ii.	27 18 18	0	6.7	22,1	88.5	97°	15.6	3	1	177	17.63	3	0.0	36.0		2	
5.0	-	2	6.0	25	77.	17	28.1	10.1	125.7	3	27	11.0	22.1	27.0	979	77		3	
n B		3	273	3	6.45	ii ii	% %	3	20.5	970	17	078	2	3	2.0	18.0		**	
n H		9	978	6.7	97	277	88	ĝ	98	3	6.0	19.4	9.0	7	7	3		3	
e h		2	3	8	60.7	e e	3	178	1	2	3	8.0	0.5	3	3	2	i mingras	2	
Other diseases of oths and callader tings: Distance of notes and orders or	HOUSIGHT	Arithitio and themstist, except themstic tens	Remetoti artistiis	Spondylitin sakylapolatica	Osteo-erthritis (srphreets) and shind conditions	Arthritis, unspetitied	Trapolio	other mesonlar phresities	Shemation, unspecified	Dataitis deformans	Internal derungement of mee joint	Displacement of intervertebral disc	Spowitz, beratic ma categorita	Flat foot	Eallox valges and versa	Other diseases of bone, joint and mosesloskeletal system	CONSENITAL MALFORATIONS	Congestibil salformations	
hante. 600-716		720-727	722.0	728.1	7253	722	726.0	Rendr. 750	7227	731	738	žš.	711,712	216	247	Nemdr. 750-749		150-159	
11 8		183-8	29.7	9.0	8.8	80.8	9	9	11	ő	6.0	::	24.5	2.7	3	17.7		3	
1.8		27.9 186.5 165.2	30.6	9.0	8.7	18.7	20,4	6.5	19.0	3	60	18.1	25	3	3	16.3		1.0	
27.1		847.9	27.1	270	6.63	19.9	24.5	2.10	7.00	9	1.0	89.1	8	9.5	9	22		0.0	
(90096	5)							1	01										

	NG NG	3		18.0	17.1	19.1	80.1	3	10.0	1	9	3	5.7	- 2	11	9	80.8
١	Beath Med Serta	3		3	27.53	2	25.1	9.0	6.5	80.0	3	1	1	3	9.4	3	18.2
	втострост	6.7		4.8	0.0	0.0	16.6	6.8	7.0	24.6	3	376	3	7.2	950	5.5	8.7
	London And South Eastern	2.0		6-3	14.0	879	27.6	6.7	9	17.1	Ĵ	7	3	7.6	3	4-2	10.6
	Bastern	3		2.0	9.9	9-9	6.7	200	3	17.0	5	6.0	20	3	6.3	3"5	19:1
	pertops	7.7		2.0	11.5	3.4	2	4.0	3	18.4	2.7	3	25	3	7.8	2	24.1
	Section States	3		22.53	7.8	3	2.0	970	3	10.6	3	3	9.5	20	3	3	900
	drives drives	3		10.5	6.5	2	23.5	5.	5	25	3	2	7	ı	3	5,7	7.5
(Compte,)	Test mod Hast Hastngs	276		9.0	18.4	3	15.0	3	20	34.0	3	2	2	2	1	6:2	1
Table 104 - (Contd.)	media	9		ŝ	2.5	3	2	177	2	77	ğ	1	3	72	2	22	10.6
Tab	Andreas Andreas	3		9.6	6,11	3	0.0	6.5	4.7	5,62	3	277	3	979	3	27	7
	Masses or Confilien	CONTLIN OISENSES OF EMRY INSMICT Cortain diseases of early infuncy	SOPTONS, SENICITY AND ILL-DUTINES.	Vertigo	Distributes of sleep	Agets heart fallure, undefined	Check	Paris in cheef	Numbers and vesiting	aboming pain	Diarribota, age 2 years and orer	*Tonditing and electroness*	pacentinence of urine	Pain in 11mb	pain in back	Root	pyrexia of unknown origin
	Chasso.	760-776 (ex. 765,		700.0	7.007	7702.4	765.3	755.7	784.1	766.5	786.0	786.8	788.8	147.1	787.5	785.2	788.8
	Paral	2		9.0	er er	3	11.7	5.7	0,1	3	3	3.1	6.5	20	5.6	S.	24.4
	arthur arthur	3		9.6	4.6	7.5	.0.	5	20	6.9	970	49	2.0	9.5	7.9	4.2	14.9
	Urban	ī		0.0	14.0	4.0	8.81	9.9	3	9.01	5.4	27	3	7.1	6.5	4.9	10.6

6.8	1	3	10.5	3	82	2		25	8	3.4	8	18.7	1.1	9.9	10.4
8	3	\$0.8	10.5	15.8	8.1	60 60		100	67.0	2	8	2002	12	2.7	7
1	2	100	3	978	2	9,		8	8	3	2	25.5	9770	2	39.0
8	10	8.0	9	8"8	44-1	1		4	44.2	6.0	8	17:1	98	7	977
5.4	3	2	3	2	69.7	7.		94.0	8	7	8.8	12.4	12	1	17.4
ğ	27	80	7	3	9	3		53	9	2	878	17.0	978	7.8	24.5
9	2	24.0	9	25	7	92		3	1.18	3	97	18.7	2	3	124
Other specified and general	Зегуозаваза	Debility and union fatigue	Deprenatos	peatechs	Sentiity without mention of purebowia	other ill-defined discuss	ACCIGENTS, POISONINGS AND VIOLENCE (NATURE OF INAURY)	Predicts	Sorains and strains of joints and adjoornt scenies	East injury (uncluding similar fracture)	Description and open wound	Superficial injury	Contuston and creating with intent aids surface	Effects of foreign body embering through artitles	burta
Rendr. 780-739	790.0	730.1	870%	Įģ.	ķ	793-795		45.2 M300-9329	23.8 1040-1048	10.0 3850-9886	55.4 39870-5908	\$1.7 N910-5918	41.1 37920-1929	1.2 M205-1808	16.9 3340-1150
2 4	2.0	P. 6	9	1,0	8	10		45.2	23	6.9	1,1	21.7	1	3	16.9
2	6.0	6.0	0.0	9.3	34.0			4.4	8.	n.2	8	12	4	5	25.53
P.	4.4	10.9	7.7	10.2	35.1	3		80	80.8	5	2.60	19.0	26.1	9	51 80 80
(90090)						1	.03							

d image digitised by the University of Southampton Library Digitisation Unit

8.8 H 2 8.8

6. 8 88 8 3 6. 6. 6. 8

76.5

25.0 25.0 25.0 25.0 25.0 25.0

1 1g

13.2

7 9

1 1 2 2 3 3 3

99 99

8.8 8.8 8.8 8.8 8.8 8.8 8.8 8.8 8.8

111111

1 1 1 1 1 1 1

	Sout Hassa	ä	i .		3
	Southern	2	10.2		348.1
	London and South Eastern	18.4 4.0	2		160.6
	Eastern.	13.0	3		215.7
	Midland	1	13.0		8.998
	yord Stoland	1709	18.7		7798
	NESTEEN NESTEE	91	2		151.6
OE 56-)	East and Vest Statings	2772	9		811.6
Table 10th - (COUNTS.)	andwr.	8	11.4		203.7
Teble	frame vi	1.83	177		2000
	Disease or Condition	injury of other and unspecified	other injuries and reactions	MON-SI CONESS.	Nursickness (Including rentine
	Claster. No.	9ean	Nendr. NSCO-19869		,
	Paral	16.0	2		9**9
	Sent-	84.6	3		258.7
	Urban Urban	250.8	11.5		173.0 225.7 284.5
	0090) age dights	ed by the	Univers	ity of So	utham

Males the population of that sex and are indicated by M. or P. after the title 8 9.3 8.0 2 7 7 Day th 88 2.0 0.9 FARE 108. - Patient Consulting Rates per 1,000 Population by Type of Practice, and in each Stendend Region for the Principal Dissesses and buthem 53 2.0 0.3 London and South Shetem 8 8.8 ż 870 2.4 Sastern ž 2.4 0.3 5.0 30 9.0 9 9 13.1 North Milliand 25 8.0 0.3 0.0 2.1 trial a 93 27 9.0 17 5 77 3 Cent and Next Ridings are heard on 119 7 77 9 0.0 8 2 3 3 3 2 Our diseases or conditions which are applicable to one sex only, ractions is Sureq 8 2 2 7 3 3 3 3 7 3 9 Appropriate management and other Short poliabeling (infaction and ALL DISCASES AND CONDITIONS Constitutionia of Perpiratory Diagnos or Condition Aberculosts, other foras Probability and its second an treptocotti ace those uninglooccal infactions MPECTIVE AND PARASITIC PISEASES (Cerson nessies) Spilosenia and pressis Systematery, all furns Acute policity william thoughts oruged Scarlet favor MOSILA conditions Diagnosed Taken of 900-300 640 breat 83 3 9 24550 22 9:0 0.3 0.5 6.8 3 3 Grown 0.3 4.0

	South Heater	4.7	3.0	8.0	2.	0.8	82	1.8	ņ	5.0	3.6	S	0.3				0.4	0.0	9.0	1.0	8	•
	Southern	7.7	3.4	8,3	0.0	9-0	1.6	97	9.6	9-6	6.0	0.2	0.1	6-6			0.2	0.1	0.7	0.3	0.1	0.1
	London and South Electors	65.0	80	Y1 90	970	6.0	2.7	0.1	9*8	8.8	0.6	90	070	979			0.1	0.1	9	970	6.4	1.0
	Sasters	6.0	2°2	2.7	0.0	1.5	4.5	3	1.8	0.7	9.0	e 0	0.1	9.0			6,0	0.1	970	0.5	970	6
	N141 and	0.0	8,8	Š	1,	3.0	2.2	7	65 65	6.9	ŋ	ő	0.0	3.7			570	0.1	970	970	2"0	8.0
	North Mateus	10.9	5.7	5.1	3	9	1.6	0.0	8.0	6.5	1.4	8"0	0.0	5.7			0.2	,	8.0	9-0	570	0.0
a	North English	6-9	97	1.5	5.5	200	8.0	j	3.6	e e	3	0.2	7	2.7			0.1	0.0	3	570	5.0	ŝ
10001	fact and Mot Refines	2	5.7	3	7	ę,	2.1	7	7,	5.7	3	6.3	0.1	8			0,0	0.1	9	3	7	0.1
TABLE 105 (OGEGA.)	Forthern	2	2	2	50	1	97		3	9	2	970	0.1	2			170	90	50	3	27	0.0
	Fructions formulass	7.5	979	9.0	87	3	2.5	3	2	5	2	3	7	2			0.0	170	3	2	3	7
	Misenas or Cradiston	Chiekmpox	Earped motive	Spenie	Infactious bapacitis	Standblar (wver (infectious accommolecate)	Berges febrilla	Spidenie Apalgia (Bornhein diaense)	Oxfortante	Sematophytosia	Scatt as	Pediculosis	Sarcold of Book	Other infective and persoftic diseases	NEOPLASIS	Wallgrand nosplasm	PROCEED CONTINUES AND PROCEED.	Оноврандня	Stomach	Large intention, except rectum	Xectum	Puggrasa
	Chart.	0E0	88	680	88	200	0.90	8.500	130.1	133	136	138	138.0	handr. cot-128			140-148	3	181	155	154	100
	Burn	9-6	3.4	4.7	eq ce	g:	9	0.1	10.	e. 9	0.7	870	0.0	1			5.5	;;	8.0	9.9	8"0	3
	Sent-	5.5	2.7	6.0	1.0	5.0	6.5	6.0	6	1.5	6.9	0.1	0.1	9.0	3		1.0	3	9.0	E"0	9.0	:
	Urbat	9.0	5.5	8.0	8.0	97	4:	8.0	9.6	5.5	1.0	50.0	0.1	ş.,	-		57	0.1	0.0	0.3	0.3	0-1
	1																					

(90090)

<u>.</u>	•	_		_	_			_			_	_	_	_	_	_			_	_	_
0.1	0.1	S	0.0	3.0	0.8	0.8	0.1	0,5	3	0,2	979	3	870	0.0	0.0	0.1	8		0.2	1.4	0.7
1.0	8	S	2	0.0	9.0	25	870	0.7	270	2.0	1.0	0.1	0.2	8	3	0.3	8		,	77	0.5
3	0.1	9,0	ŝ	1.1	0.3	9.0	2	9.0	20	0.5	9.0	99	970	8	,	3	3		0.0	S	0.5
	,	9.0		6.7	8"0	8"0	7	77	80	a.0	9.0	9	878	970	,	0.1	9		ç	6.7	2,0
7	0.0	9.0	ş	5	70	0,1	20	9	7	270	9.0	3	8	ä	7	0.1	ŝ		1,0	2	0.5
8	9	0.8	9	670	0.5	90	2"0	8"0	2	9	9	0.1	0.3	2	8	970	170		0-1	0,7	0.5
1,0	,	0.3	,	2	2	2	3	27	7	70	9.4	3	170	3	,	7	3			87	5.0
7	9	979	9	9.0	7.0	90	870	6.7	ï	3	3	ï	3	3	9	2	3	_	2,0	7	970
Other digestive organs and piritonean	Laryai	lang, breather and truckers	Other respiratory system	Bresst	Cervin unert	Carpus uter! P	other and unspecified parts F of userus	Prostate	Rador and other urinary organs	Other getto-srinary organs	Sth	Aye, brain and other nerwous species	Other and unspecified sites	Eccapin's disease	Maitiple myeloms (plasmoograms)	Leaknessia and alexismits	Other necessas of lymphatic and harmatopoietic tissues	Benigs neopleme	Network	Terrine fibrogons	Uterus, other P
Bends. 150-159	ij	162, 163	Amer. 100-116	8	14	372	278 274	127	191	Numbe. 170-181	190, 191	198, 193	194-100	301	900	200	Femile. 200-806		222	314	8118
7	0:0	3	0.0	9.0	6.0	0.1	0,2	0	77	3	0.7	0.1	25	0.1	°°	ë	5	_	7	0.0	2.0
0.1	3	**	0.0	6.0	6.0	2	8,0	Ş	8.0	8.0	9.0	0.1	8.0	3	0:0	0.1	0.0	a cha	50	1.0	9.0
6	0.0	0.0	0.0	6.0	9.0	8*0	3	0.0		2	0.0	0.1	0.8	0.0	0.0	0.1	0.0		0.2	3.0	0.6
(900	90)									107											

2 - 2 - 5 2 - 2 2 2 2 2 2 - - 2 - 2 2 2 0.1

> 9 9 9 9

0.1

3 7 7 1 1

9.4

3 1 6

5 5 5 5

1 5 5 5 1 5 5 5 1

9.0 0.0 0.3

	Southern	1.6	7.0	20	0.4		2*2	7.0	15.0	8-1	97	7	2.0	20.7	670	17.8	7	0
	London und Seuth Eastern	870	6"0	3.4	870		9.0	978	13.2	7	0.7	1	5	3.6	6.0	2	6-0	0.4
	Essters	0.0	1,3	9	0.1		6.3	9-1	10.6	Ç	970	6.0	1.8	64.0	9*0	8-8	8*0	6.9
	Man	0.5	3	3.0	970		3	3	13.7	0-6	9.0	6.9	8.0	8.8	1.5	10.0	1,5	0.7
	North Midlens	0.7	1.0	9	0.3		4.3	25	27.55	11.0	0.5	6.0	1.6	9.6	9.0	11.7	6,0	0.0
(47)	North	171	8	61 85	623		9	87.80	27.1	9-9	0.7	5	ä	82	67	8.8	3	970
TABLE 108 (Contd.)	East und Naat Metres	0.9	6.7	6.0	ž		11	97	24.8	8,0	0.0	3	2.0	9	7	*i	5.0	3
TABLE IS	Sorthern	77	2	2.5	7		200	ņ	30-6	7	3	3	176	3	1.0	10.5	976	3
	Principas (a Serve	1.0	es es	8	2		3	2	92	3	3	1	1:1	5.5	2	1	979	3
	Macains or Condition	Other feeds genital orgins F	Skita	Other and unpecified organs and thousa	Necytans of unspecified nature	METABLIC MOCKING STREM, METABLIC AND MINITIONAL 0192453	Bay fever	Asthes	Urclouria	Other allergie diserders	Simple goine and nontexts negative goine	Oprotonionals with or without goiter	Hymodens and cretinion	Disbetos meditus	Art cantinoses	Obsetty, not specified as of endocrine origin	Oper	Other enderine system, netabolic and nutrillenal diseases
	Int.	218, 217	220-022	Remain. 210-529	230-639		340	241	242	Rendt. 240-245	250, 251	H.	55.5	260	200-08c	287	202	250-250
	Bayal	9:0	8.0	5.3	00		5.5	4.0	10.9	60 80	8.0	2	1.5	0.5	6.0	10.0	0.7	9.0
	Sent- urbin	1.0	0.0	į,	5.0		2	6	11.0	8.5	6.0	3	15	ņ	0.5	970	0.9	9.0
	Urban	1.0	6	8	 o o		.0	8.6	15.9	7	9.0	7	6:1	5.7	1	97.0	8.0	8.
(9	0090)							10	3									12

ibrary Digitisation Unit

2 6 6 7

(90					BLOOD-FORMING CHEMS	American										
090	2.1		17	800.0	Persicios spanis	2.0	1.0	6.5	0.5	1.7	97	1.0	375	1.0	2	1,4
)	5.5	97	8.6	188	Iren datioinny maintai (hypochronic mamital)	2	2	90	7.1	5.2	7.7	60	3	87 P	e .	5.2
	8.0	6.8	0.1	heatr. 240-592	Other maemiss of specified Upo	7	8.0	3	1.0	7	2.0	0.0	a. 0	8.0	2.0	0.0
	9.0	4.5	2	8	Anamala of unspecified type	8*9	15.4	6.0	978	2	3	2	97	2.4	0.2	7.8
	0:0	0.0	9.0	982	Hamophilis	3		1.0	ş	9	8	,	,	0,1		
	0.0	1	•	250	Agramlocytosta	0.0	,	S	99	,	2	,		,	,	
	8.0	5.0	6.3	Rendr. 294-299	other diseases of blood and blood-forming organs	8.0	2	8"0	3	8.0	2.0	s ₇	8.0	ų o	a 0	5.0
					HEITAL, PSTCHONEHOTIC AND PERSONALITY OLSOROTIS	-										
.1	00	2	2,4	300-309	Payebosas	2	3	3	1.6	3.0	37	9.00	5,5	60	1,1	1.0
09	51.5	9	36.7	310-318	Payebonesrotio disorders	45.7	19 18	42.8	45.0	40.6	48.5	8.50	8.19	6.1	7.0	35.6
	26.7		19.9	ij	Antisty reaction without amedian of absent applicia	7	ë ë	ä	9.6	52.0	81,8	8.11	9° 98	1000	8	1446
	1.6	11.5	27	317	Mysterical resotion with- out mention of smalety presiden	3	ŝ.	2	19	so N	17	3	8.8	3	3	1.2
	.1	3	0.0	314	Memotic-depressiva	1	6.7	9.0	9.0	3	8.0	9*0	3.6	6.0	ee 	e 0
	7.6	2	6.8	315-617	Psychonerrosis with scentis symptoms	7.2	11.2	5	3	2	2"	8,5	10.9	1	3	8.0
	6.9	6.6	3	345.5	Astheric restion	5.7	4-9	878	1.0	9.5	6.7	5.5	0.0	8.6	9	22.5
	2		_		thepetited paymentings	7.0	2.9	3	3	6.3	3,50	7	17	2.8	6.9	8.6
	2		_	8	Al cohol firm	870	0.1	5.0	8.0	27	90	0.1	6.0	1.0	0.8	0.2
	3				Prinkry chilchood behariour disorders	1.0	68	6.0	9-0	1.0	0.7	6.0	2	1.4	2.1	0.6
	-															

Printed image digitised by the University of Southernston Library Digitisation Unit

	Hales	9.4	0.8		ž.	0.8	11	1.1	3,3	7	3	1.5	1.0	5.5	9-9	8*0	36.5	970	9*0
	South	979	9.0		0.0	9.4	97	6.0	1	0.0	77	6.7	9-0	3.7	1.1	0.3	11.8	9	6.0
	Southern	9.0	670		6-5	0.0	91	9*0	5,7	9.6	5	1	1.0	02	5.7	0.1	13.8	5.7	4.5
	London and Bouth Dastern	9.0	90		\$	0.7	8-0	9:1	5.7	9.0	9.0	1.8	9.5	5.4	10 10	0.1	15.7	0.0	4:4
	Eastern	9.0	20		92	6.0	2.0	27	2.3	1	99	970	0.7	Nº	2	70	32.5	1.0	9
	Mili and	97.0	6.1		3	9.0	3	0.8	3	5.7	1.0	1,2	1.6	67	6.4	1.	10.4	8.6	3
	North	970	978		2	970	6.7	1.0	3.4	67.0	3	3	1.6	3.6	3	1-0	15-3	20	6.3
3	Morth	9.0	3		3	979	0.7	3	3	3	3	3	02 02	4.1	3	3	12.0	1,1	9.0
TABLE 103 (COSTAL)	Dast and West Rigings	970	3		3	6.7	1	1	2	2	3	1	3	3.5	2	3	14.3	2	2
TABLE 103	Sorthern	9.0	67		9	9	9	1	60	8.8	3	1	9,6	3	2	3	200	2.7	3
	Presides to Servey	970	3		3	50	670	3	5.5	7	3	2	27	5,5	3	1.6	24.0	3.7	7
	Disease or Condition	Hantal deficiency	Other disorders of character. Sebariogr and latelligance	DISEÁSES OF NERVOUS SYSTEM ALD SENSE ORGANS	Warming lesions affecting central nermon applies	Maltiple etlerosis	Paralysis agitms	Other cerebral paralysis	Spilmpsy	Mgralia	Other disease of emiral nervota system	Figurate paralysis and trigosizat nauritgia	Brochist neuritis	Solatica	Other and unspecified forms of nearlying	Other diseases of merres and peripheral ganglia	Compunettyttis and ophthalata	Stepharitis	Nordeolum (styte)
	Int. Classes. No.	355	Sendtr. Seb-888		200-000	346	995	100	200	398	Sendtr. 340-357	360,361	88	88	304-300	397-369	370	30.2	212
	Burn	0,0	9.0		3	9.0	0.9	:	3.1	4.0	3	1.3	0.5	2.7	1	6 ¹ 0	15.0	8.4	5.5
	Seni- orban	8.0	6.0		6.3	in O	6.0	0.3	3.5	4.5	9.0	1.3	1.6	5.5	3	0.0	15.6	3.4	5.3
	Urba	3	0.7		3	5.0	8	3	4.83	9	3	1.8	1.6	3.4	3	7	34.6	7	49
(9	0090)								1	10									

**	-	0.9	272	200	3	0.0	5, II	1.4	19.4	3.0	2**	-	0.8	1.0	0.0	9	1.0	*	3.9	
_	_	-	_	_				_	-	-	_		270	3	2	2	97	2,0	2.5	
3	34.8	1.0	1.5	or s	0.0	9.0	22.0	1.7	9.50	3	1.0		_	_					-	
1	100	3	1	8	, s	ş	16.1	1.0	19.0	0.0	2		0.1	8.8	8.8	2,0	87	2.	3.4	
5	9	3	11	D-1	3	3.7	9.5	7	23.1	3	2.8		9.0	.:	4	5.3	3	3	5.3	
4	13.3	1.5	1,5	970	1	ī	22.3	9	11	1	3		3	7,	2.0	2.7	3	22	27	
2	777	3	1.5	9.0	7	5.5	ä	1.2	5.5	1	9:		2	1.7	2,5	2	3	2	3,1	
200	2.5	80	1.9	3.	2	3	979	1,3	27.2	1	å	_	2	2	3	3	3	3		
7	2	7	0.0	8.8	3	1	80.0	7	17	S	2		2	3	3	ş	3	7.5	3.4	
g .	24.3	3	2	0.7	2	9.9	2,2	3	4.15	2	1.6		5	1.4	3.7	30.00	0.5	45	ŋ	
Other inflamenty diseases of sys	Safractive arrors	Comest utesr	Caparinos	Catcons.	Other distances and conditions of ogn	Otitis arbitta	Ottils media without mention of manebidities	Mathres disease	Solphy "Stat in our"	Other diseases of ear and marteld process	Deathers	DISEASES OF THE CINCULATORY SYSTEM	Mountie favor	Chronic risquette beset disease	Reart-disease specified as involving occurary arteries	Angles pectoris without audion of oprony disease	Christic addicarditis not apolitize as thematic	Other specifical department	Punctional disease of heart	
3mdr. 370-379	ĝ,	2002	386	282	Amstr. 300-350	300	ä	300	398(91)	306(01)	397, 398		800000	410-418	17007	400.2	139	23	259	
3	13.5	11	1.1	50	3	9.0	19.4	8.0	5.55	2	1.0		979	6.0	3.4	2	0.3	3	80	
*1 60	18.5	0.8	1.7	9.0	7	3	25	17	1	5	1.6		0.2	3.	6.5	2	3,	9.0	2,9 , 5,9	
6.	65.0	9.0	2	0.7	00 15	0.0	9	4.1	6.12	5.4	1.9			13	57	ş	9.0	2	9	

(90090)

						TARE 109	TARE 108 (Contd.)	4							
400	Sm1- urben	t R	Tat. Sesse.	Direks or Condition	AII Principes to Survey	EN-CL-ON	East and Month	Borth	Man direction of the control of the	Kidlend	Eastern	Londro aped Bouth Esstem	Southern	South Metern	Nales
0.0	8.0	0.0	434.8	Loft yeatzfoulde failure	8.0	1.0	6.0	8.0	970	9.0	1	9.0	1.6	4.0	0.0
0.0	0.5	5	Needs. 410-434	Other diseases of heart	9.	3	0.7	3	5.0	90	5.6	9.0	3	6.5	8
:	8	9.0	440-443	Hypertannive heart disease	97	3	1.0	3	870	0.7	0.5	0.0	0.0	e)	*:
15.3	ដ	15.0	277-477	Expertensive disease without sention of beart	24.7	 	17.4	18.7	12.2	10.8	12.2	12.7	6.0	18.6 1	8.03
976	7	5	8	Omerst arterioacteresta	9.5	1.5	3	1	3.4	2.5	2	1.7	9-1	9.0	
8	3.4	4.5	455.2	Chi libi atno	72	3	7	2.0	3.0	77	6,0	e s	2.0	77	6.6
er er	2.	1	Rendr.	Other diseases of arteries	3	87	66	7	3	62	1.5	1,5	97	1.7	5.0
12.8	10.4	10.8	9	Varionse veins of lower extremities	3	10.8	117.7	10.5	2	14.5	10.7	14.1	0.11	6.42	::
5,7	4	3	199	Kamorrholds	27	6.7	9-8	7.5	2	8:0	6.5	e. e	0.0	7.7	9.9
4:	25	*;	465,464	Filebitle and threshophishids	2	3,2	- 2	2.4	2.4	60	1.0	2.0	2.3	3	1.0
0.2	9	0.8	465	Polacoary embolism and infaretion	ą	5.0	3	9.1	8.0	20	8,0	8,0	2.0	5.0	0.1
8.9	4.3	1	468.2	Lymphadmitta, unqualified	2	4.7	2.2	5.1	8.0	20	4.0	10	9.0	3,3	9.9
1.8	3	1	Xentr. 400-458	Other diseases of circulatory aprices	1.5	2.5	1	1	2*1	1.8	11	1,1	7	1.7	14
				DISEASES OF THE RESPIRATORY STSTEM											
98.0	\$.5	°:	£10	Acute managharyngitia (common cold)	1718	9.8	87.9	85.0	2.57	118-0	2.00	84.1	6.8	92.5	6.25
2.0	8.0	17	14	Aceta discaltia	2	270	2.5	1.8	9.6	30	5:1	9,0	2.4	.:	3"0
27.1	1.8	34.4	425	Acute pheryngitis	200.2	ä	24.4	30.4	83.8	37.1	31.5	38.1	53.7	17	23.5
26.7	8.5	% **	ę	Acute constilleds	1	6.6	170	34.0	63.6	3.1	84.5	88.9	8.02	1.1	48.7

11.0 19.2	25.7	66.5 62.0	7.5 8.6	15.8	6.7	8.8	3.6	5.7 5.9	1.7	7.6 6.3	9.6	7.4 6.7	1,7 1,7	0.1 0.2	1.6	2,1	878
_		_	_	_	_	-		_	-			_	_				_
20.00	21.3	37.0	8°	6	24.7	88.4	1	10.5	2,7	3	13.1	7.6	7	0.1	0.8	3	2
7.0	4.0	31,0	3	34.7	ž	8,6	7	3.5	H	3	2.	7.8	1,5	_	0.0	3	ž,
800	2	6.0	10.0	61.1	7,41	8.6	7	7.8	3.4	5.1	11	10.1	2.6	3	1.0	3	2
10.7	20.02	15		8	18-8	8.1	37	9.5	8.7	9.9	8	11.8	1.5	2.0	0,7	6	2
9.9	11.2	8	3	10.6	ä	36.5	2.2	800	2.0	3	7	27	1	3	3	9.0	5
11.4	ri .	8	3	71.0	25.0	24.5	7	14.9	35	7.1	10.4	9.3	3	7	1	3	3
25.0	6.7	8.5	3	68.6	2.5	2	3	2.5	1.0	3	3	17.11	1.	3	2,0	3	2
14.6	200	9	828	. s	10.5	1,4 1,4	2	8.5	2.2	3	10.6	0.1	7	3	1.8	5	5
Acute inspigitie and trachettie	Actta upper respiratory infec- tions of smithia or unspeci- fied sites	faffuensa	160-460, Poweroda	500-500 Sroaditis	Acute brenchitta	Breachitis, not specified	Pregabitis with	Other chresic breachitis	Waltiple" breaditis	Appertuply of mails and abmotion	Chroste phermatitie and nanophermatitie	Chronic almaitis	Phonester	Postmoonicals des to silies and silicates (sompations)	Aronchi activity a	Exphysema without mantion of benefitia	Other disease of respiratory system
477	475	100-483	785	809-608	900	100	908.0	500.1	;	92	523	613	2	502° 504	8	357.1	Neste. 470-687
	97	41.3	5.5	4.1	34.5	1.2	3	4.7	1.7	2	7:9	3.	1	3	3	6.7	3
7		88.0	5	9	12.6	8.1	4	3	1.0	9:0	7.0	7.7	3	0.1	11	9.0	4.7
16.0 16.1	4.0	8 8								0.0	3	9:0			3		

į	NAL es	1		7. Si	0.1	1,1	9.0	6.0	10.3	19.5	3.4	Š	5.03	7.0	0.0	97	6"7	ı	2.6
	South			16.7	5	÷.	9	5,2	10.4	8.8	97	97.0	20,4	9.0	0.0	0.0	2.4	0.1	9.0
	Sections			14.1	3	1.8	5,5	3		12.8	8.0	9.1	š	7.8	2.5	0.0	Ş	8.0	0.0
	Lendon and South Zeatern			15.6	22	5.4	ů,	8,0	10.0	26.1	3.5	7.4	24.1	8.0	1.8	2	8-8	0.1	0.0
	factors			9	7	1.5	1,1	92	6.0	16.8	6.5	7.5	15.5	n 0	0.0	0.1	3	1.0	9.0
	Hidland			16.3	9.	37	ŝ	3	17.7	15.8	170	9:0	84.0	177	0.0	0.0	4.0	,	7,
	North Hand			1.5	9.0	1.7	4.6	8	34.0	97.0	8.2	0.1	87.5	5.1	1.0	0.7	8,8	8.0	113
£	North Wastorn			18.8	*:0	23	0.0	1.6	19.6	86.58	1,0	8.0	8.8	970	9*0	9.6	1.1	0.1	8
TABLE 108 (Contd.)	Sast and Wast Midlago			18.7	9*9	4.5	9.0	1.3	12.8	84.8	6. 10	7.7	8	6.0	0,0	0.6	2	0.2	77
TABLE 10	Sorthern			9.0	6.9	1,0	5.5	97	10.4	15.7	9.00	7.0	21.3	6.5	1.7	9.0	3	0,1	6.4
	Fractions in Sarvey			24.0	9	1.0	9.0	11	13.0	91	4.0	1,50	8	8.1	ŝ	9:0	9	0.1	8.0
-	Dissans or Condition		MSEASES OF THE DIGESTIVE SYSTEM	Diseases of Ceeth and supporting structures	Other diseases of become civily and easybages	Ucer of atmosth	Meer of decimen	raptic alcer, not otherwise specified	Osstritio and decembition	Disorders of fuzetien of atomsolt	Appenitation	parata of abdominal cavity	Gastro-enteritia and colitis (except ulcerative)	Constitution	Anal floure and flours	Absonse of aget and rectal regions	Other diseases of dignetive apatim	Chrysosia of liver	Cholelithianis
	Chit. Chiam.			200-222	000-000	640(64)	541	0.0]042	275	**	600-000	560,591	571,704	0,573	315	g	Pendr. SSO-670	188	ž
	mrel			14.0	9.9	1.0	80	7	9	34.6	92	7.6	19.0	3	93	;	8,0	7	7
	finit- urbs.			16.2	3	1	200	3	12.0	8	8	0.0	8.4	3	3	9.0	77	0.1	0.3
	Urbas			14.1	7.0	8.8	0.0	11.0	1.91	28.0	20	4.4	83.6	e e	0.0	8.0	\$	0,1	9

(90090)

-	6		•	10	_	_	_		**	42	_		**	_	•	-	25	2	ä
1,3	9		7	2.1	0.5	7.6	979	7	2.8	1.0	1	6.5	80	9-0	7.0	7.1	9*62	80.8	24.5
0.1	8.0		a d	93	9.0	2	870	2	2.7	92	870	3	5.5	9.0	3	0.7	19.2	10.4	10.5
2	970		0.5	5.9	,	7	979	3	2,2	2.2	1.0	7	8.0	2	970	2	2772	15,0	17.6
2	3		9.0	2.5	978	976	170	3	3	2	0.7	3	1.7	9.0	670	6.0	22.8	27.4	0.2
0.2	9"0		9.0	5.3	50	11.8	8.0	275	e:	3.5	1	3	07	S	8.0	3	34.5	277	3
9	5		9-9	20	70	977	0.2	272	il.	1.3	17	3	2.4	3	9	3	34.0	9.6	34.9
5.5	3		3	2	3	11.7	3	3	2.2	2.6	8	3	172	S	3	3	8772	20,3	9 8
0.2	3		0.5	5.5	20	10,5	3	2	2.5	1.7	3	2	0,4	3	3	3	24.1	8	277
5	3	S.				_			ж	30	и	ж	_	h			fee	fa,	۲.
Chalesystitio without montion of calculi	Other cinesass of liver, gall blader and passessa	DISCLESS OF THE GOITD-BRIKEN	Septritis and neptrosis	Ppelitis, prelocystitis and prelocephitis	Calcult of kidney and uretor	Cystitis	drethritis (non-vonerest)	Other disease of urinary system	Speculasis of process	Spirocelle	drabitta and epidicymitta	Other diseases of sale genital organs	Masters of bresst	Salpingtits and commerties	Other disease of ower, Palogin upe and parametries	Staroveglasi prolapse	Majorders of mensuration	Samples of species	Other diseases of femile genital organic
18	Reads. 520-567		590-594	9000	8	8	98	Sentt. 600-609	610	ij	7,0	Brade. 610-627	580,681	133-430 133-430	665,620	153	700	989	Neatr.
25	0.6		9.0	e: e:	2	5.0	0.1	3	90 80	4.5	0.7	5.4	174	7	2	3	6.0	15.1	15,1
9.0	5		8	e2 12	5.0	50.0	0.2	0.2	65	3	6.7	3	0.0	0.0	6.0	6.3	24.5	16.6	3
0.0	979		9.0	1	ŝ	10.7	0.0	8.0	2.0		1.5	9.0	00	5.0	9.0	60	128.4	80.3	15.5

1.4

115 Printed image digitised by the University of Southernston Library Digitisation Unit

(90 09 0)

,.							TARE	TARE 108 (Contd.)	(*204*)							
100901	S S	- Card-	1	Chan.	Meesse or Oradicion	All Survey	Northern	Seat and West Ridings	North Western	Marth Maled	Midsed	Zatem	London and South Electeria	Southern	Bouch	es les
					DELLYEN ES AND OMPLICATIONS OF PREMANCY, CHILDWITH, AND THE PUESPERIN											
		7.7	2	640-649	Complications of pregnancy F	8.8	5	9.6	9.0	979	4.6	:	Q' g	11.7	0.6	9.0
	5	6.0	3.4	999-999	Absertion	5.1	4.6	0.0	22	3.0	9,00	8.6	1	3+8	8*8	1,7
	3	6.0	3	670-678	Delivery with specified P compileation	171	1,3	1,4	01	8.0	10	2,4	6.7	175	0.1	9.0
	•	3	6.5	660-689	Complications of the P	:	:	9:0	?	0.0	9.2	6.5	:	7	7.	7.0
					DISEASES OF THE SKIN MID											
11	88	9.61	16.6	080	Boil and carbuncie	90.0	27.0	28.3	25.5	20.4	18.0	14.0	277.0	17.6	8,53	0.61
e	10.0	6	10,1	100	Calluittis of finger and ton	4.0	10.2	11.6	276	7.	10.3	6.7	11.0	10.6	30.0	10.3
	0.0		6.7	N99-669	Other calluftis, abscess, and acuts lymphodesitis	9,7	7.0	9.	8.8	9.9	4.5	2.5	1	ą.	6.	5.4
	10.4	10.7	10.0	989	Impetigo	10.0	7.81	11.3	93 93	11.4	14.8	7.5	9.6	8.5	12.9	11.4
	8.0	9	5.1	986	Infections warts	9	2,0	0.0	8.8	8.3	6.9	9.7	2.0	å	n 0	3
	Š	13.7	9.01	700,706,	Permetalities	18.1	14.6	13.0	1.01	10.3	13.3	10.4	15.7	13.0	6.7	9.
	13.0	20.3	9.6	701	Br tema	12.8	17.1	14.3	11.6	11.6	6.0	8.8	14.0	11.6	14.4	6.0
	6.7	Ş	0.5	706.3	Totalces	0.0	1.6	57	9,0	9.0	6.7	8.0	0.0	0.0	6.0	0,3
	8.0	10	e;	8	Papriacio and stallar disordera	222	95	3.4	0.0	2	e2 80	0,5	e:	9.4	e	1.2
		ç	1.0	92	Fruritis and related oneditions	5.7	6.0	90	3	979	3	979	7.6	6.5	e: 6	2.1
	3	3	7.	ř.	Diseases of hair and hair folifoles	3.9	10 10	3	ij	5.7	ņ	7.8	9	3	· ·	8.8

6.7	1.7	15		46.1	0,	g	ii	9.0	7.8	18.6	4.2	0.3	9,0	7.4	3	3	0,1	7.	60
30.0	1.7	13.0		80.00	9	90	0.0	9.50	970	24.0	9.4	0.3	0.0	6.7	11.2	110	0,0	7.7	8.6
9	1.0	5.5		1.0	3	70	5.5	ŝ	4.7	18.0	7.5	0.1	3	2	11.6	27	970	2	2.0
7.02	1.5	15.0		24.6	3	0.1	12.6	2.7	679	2772	12.8	500	0.1	2	2	1.6	0.7	2	2.2
97.	1,0	25		8,0	97	3	10.5	å	17-7	12	8.8	870	3	2	1,5	S	3	3	2.3
7	:	11.0		89.69	3	7	7.6	2	9.6	34.6	27	9.0	3	2.8	3	1.5	970	1	1.5
3	2	2		8.8	8-8	3	rig R	8.8	10.0	24.7	2.0	8"0	0.7	3	11.0	2	3	2	1.8
117	1.5	3		817-8	5	3	3	2	d	18.7	ij	270	2	ş	11.8	1.5	979	2	3
9	1	8		3.5	3	9	211	6.5	9.4	26.7	7.9	8.0	3	3	10.2	3	3	0:	0.5
Remember of owest and reducerous glands	Christie uleer of akin	Other diseases of akin and cellular tingen	DISEASES OF JONE AND DECLARS OF NOVEMENT	Arthritis tod rhemation, except rhomatic fever	Shematoid arthritis	Sponiylitis miglopoleties	Cotto-stitritis (arthreals) and Allief confilings	Armitta, maperized	Lantego	Other mastellar	Monatties, mapped flad	Calcultin deformina	Internal deregnant of knee	Displacement of Interpartabell disc	Sprovitts, burgitts and tenosphoritis	Mat foot	Stiller valges and very	other diseases of home, point and meculosisheral agatem COMMENTAL MA. PROATIONS	Congested salformations
77.6	715	Person. 690-738		720-727	0.227	722.1	ħ	775	728.0	Table of Tab	101	731	ş	85	741,742	246	747	Neads. 750-749	780-789
3.	1.0	11.8		ŝ	9.6	170	9.0	5.5	9.9	18.8	7	20	0.5	5	97.0	3	0.7	3	0.5
6.7	10	23		9	52	5	5.	5.6	27	2.5	9:	0.3	8.9	3.1	9.4	7	0,7	55	3,5
6.0	5.5	13.4		71.8	9	9.6	8	9	10.1	8.	0.3	0.3	9.0	9.0	10.1	1.1	3	9	3
(9	00	90)								11	,								

2 2 3

- 1							_	_	-	_			-	_	_	_	_		_	_	_	
	Booch	0.0		3.5	6,6	FT 173	13.7	5.7	3.5	8.8	ä	8	1.5	ç	1	9.3	P.	7.7	2.2	18.1	4.6	
	Southern	67		60	5.8	6.0	511-8	2.7	5.5	0.0	2.5	2,1	8.8	920	100	8°2	10.3	87.8	1.8	0.0	3.0	
	Loudon grid South Fratern	ž		3	7.0	3	10.9	5.7	8.8	9.6	0.1	0,7	1.8	3	2.5	60.4	4"3	Q Q	80	7.4	275	
	Eastern	9		ri ei	3.6	9.0	S	5.4	8.5	9.0	8.0	1.6	1,4	9	6.0	2.0	9.0	80.6	9.0	2.5	3.5	
	Miditad	2		4.1	2	8	5,7	2",	2.6	1.0	7	0.7	1.5	2	27	6.0	5.7	30.8	5	9.0	8.9	
	Mother	2.5		4.0	2	3	ş	9,0	2	979	3.1	1,6	1.0	8.0	2.7	8.6	0,0	18.0	1.5	9.4	2.5	
(701)	Sorth Heaters	1,0		279	4.5	3	6,6	a s	978	6.0	7	1,8	2.0	8.8	8.6	10	8.8	25,2	2.0	8-7	1,7	
TAME 105 (COSTG.)	Past and Neat Mediup	5.5		3.4	6.7	5	2	02 03	1.8	7.0	57.2	00-11	2.5	3.4	100	1.6	2.6	20.7	1.7	1	1.3	
TABLE IN	Sorchen	2		5.7	3.9	3	1,8	2.4	2.0	17.	20	6.0	97.0	3	3.2	27	2	24.1	1	3	27	
	All Presides in Survey	27		8.8	22	979	6.7	828	87.00	9*6	9.5	***	9-1	4.0	3.6	8.8	4.6	24.7	8,0	7.8	5.9	
	Maste or Condition	Certain diseases of Section of Certain diseases of Certain	SYMPTONS, SEMILITY AND ILL-DEFINED COMPLTIONS	Vertie	Disturbance of sleep	Acute heart fullure, undefined	Cough	Page in chest	Names and wondting	Abdominat pain	Diarritota, age 2 years and orner	Wood vine and discretors.	Inognifinance of urine	Pain in 10mb	Pain in back	Pash	Peresta of updopen ortigia	Other specified and general	Servedaness	Deallity and under fatigue	Depression	
	Class	760-778 (ex. 765, 784		250.4	750,7	788.4	785.3	788.7	200	780.6	785-6(pt)	Para atan	788.2	787.1	787.5	258.3	798.3	Stadt.	0.000	780.1	790.2	
	Bural	22		6.0	*	6.0	7.6	6		7.6	0.0		3	2	0.0	6.6	1	0,58	9	. 6	2	•
	Send- undern	9		6.4	8.4	3	14.6		3		1		1	9	7			2 2	*	5	2.2	
	di di	5		•		0.0	5.6	2		1	100	:		17	98	,		25.8			8.0	

_				_							_				
9	6.5	1.7		0.83	ŝ	5"	13.0	13.7	21.4	9	5.5	Ę,	2		62.0
6.5	4.0	eg eg		10.8	90'0	3	19.8	17.0	20,7	::	8.0	81.0	3		79.1
:	9-6	67		9*9	20.7	4.6	11.8	11.6	20.6	85 85	67	20.3	2.4		1.83
6.5	0.0	1.0		10.5	87.6	878	19.9	10.0	e R	2	2.0	3	9;		0.05
6.7	9.	5		270	27-2	3	54.1	22.6	80.8	8.2	2.2	10.4	5		7.70
5.7	7	3		9.6	27.1	3	20.00	13.0	88.6	97	9.7	16.1	2.0		60.7
5.7	2	1.2		7.5	2°	ş	372	10.1	8.8	25	2	27.5	3		41.0
2	Ş	1.3		9.2	22.4	2	2.5	2	:: @	3	2.0	197	3		48.1
3	3.5	27		11,1	20.05	Ĵ	21.7	20.0	197	3	2	18.8	3		5,55
2	3	1		2	20	3	18.4	277	÷	2.	9.0	17.7	25		8.4
Sections	Smallity without sention of payeboats	Other 122-defined diseases	ACCIDENTS, POLSORINES AND VIOLENCE (NATURE OF INJURY)	Practures	Sprains and strains of joints and adjacent measter	Head infury (wminding simil	Literature and open wound	Superficial injury	Omitation and evulting with latest skills surface	Affects of foreign bedy extering through orifice	Burta	Injury of other and unspeci- fied nature	other injuries and reactions	NON-SICONESS	Non-Sickness (Including
7.07	ž.	Beats. 790-795		seco-wash	SP40-HD45	N160-N156	мато-кара	N910-9918	N9009-N300	3330-829E	SP40-KP4D	900K	Anactr. 3900-8969		
\$	2	3		10.6	1.08	5	8,8	12.5	2.0	10	5	0.1	1		63.9
2	\$	1		*	6.6	7	15.7	12.0	8	7	5.1	2	9.0		60.8
2	3	1.5		8.0	84.8	2	12,7	to.a	a a	2.6	8.8	13.0	5.5		67.3
(90	0090	1)								119					



		_	North	Northern		HIG	Midland am	and Wales			Southern	urie	
Int. Classn. No.	Disease or Condition	70 187	Orban	Sent- urban	Rural	Total	Orbsn	Sen1- urben	Rurel	To tel	Urban	Bent- urben	Bural
	ALL DISEASES AND CONDITIONS M	704.7	650.2 727.9 691.6	609.0 668.8 640.7	606.5 672.2 640.7	634.9 684.7 661.1	663.8 709.1 687.9	629.4 681.1 661.6	580.5 646.9 614.6	637.0 706.5 673.8	648.8 722.0 687.9	637.9 701.5 671.2	604.2 663.5 635.2
001-008	Tuberculosis of respiratory H system F	5 20 20	9.00	22.3	2.0	20 00 00 00 00 00	40.04	20 00 00 11 75 80	40%	80 00 00 80 00 00	40.8	20.00	222
010-010	Tuberculosis, other forms F	2000	000	010	0.0	9.00	333	0.00	200	0.00	0.40	000	0.00
090	Scallet fever F	121	1:12	554	949	00.5	11.2	0.00	0.0	1.10	0.0	8.8	0.00
990	Whooping cough P	80.00	40.00	344	0.00	8, 10, 10 4 4 5	5.4.9	244	8.83.53	0.65	03 03 03	8 2 8 8	6.00
980	Meanles F	0 8.0	999	0,000 0,000	11.6	15.1	12.5 12.0	19.8 18.0	112.3	7.7	7.1	13.2	9.9
140-205	Yalignant neoplasms including M neoplasms of lymphatic and P neemstopoletic tiennes P	5.4	5.2	4.0.0	21.2	0.24	4.8.6	4.8	8.5.4	24.0	9.00	5.4	5.0
210-229	Benign neoplasms and Managediled F	44.0	5.4	6.5	50.00	5.83	4.0	5.5	4 000	448	8.8	9.1.8	7.0

Printed image digitised by the University of Southampton Library Digitisation Unit

Asthra	Thyrotoxicosis with c	Diabetes mellitus	Permicious anacmia	Other ansenies	Paychoneurotic disord	Anxiety reaction without mention somatic symptome	Asthenio reaction unspecified psychomeurosis	Wascular lesions affe central nervous syst	Higrsine	Solatica	
--------	-----------------------	-------------------	--------------------	----------------	-----------------------	---	--	---	----------	----------	--

மில்ல்	944	02 47 103	440	485	82.24	# 18 %	9 8 6	404	95.19	10 10 10
499	2001	9.45	- 15.55 5.88 8.88	4:1 25:3 15:3	888 54.54	28.8 88.8 8.8	4.4.8	400	4.9	8.8
Zin a.	Mor tr	NI fee flee	X to a.	31 04 D4	21 0x 0x	XI for Co.	HAL	X or or	Za. a.	Z in a.
							Đ	8		

45.5 37.9

9.1

5.6

7.1 55.5

5.0.4

465.0 5.94

9.00	0.4	8.4.0	8.50	9.0	37.5	17.0	8.5
96.0	2.3	8 4 8	24.9	28.4	28.7 48.1 48.0	28.88	80.03

2.0	0.2	8.48 0.88	1:2:1	3.0 11.1	88.5 44.8	14.9
9.4	2.9	5.08	20.03	88.9	21.2 47.7 35.0	9.7
0,00	10 00 44	600	0.40	940	040	10

1.00 7.7

0.48 4111 8.48 9.48 4112 7.88

0.60 90.9 35.6 16.7 54.3

3.2

88.98 20.7 8.83

488 044 844

400 070 000

7.8

62

(90090)

	1	1	
	(90090)	122	
nted in	ane didlised by th	e University of Southernoton Library Dinitisation Unit	

Disease or Condition	Oticis media without mention of mastoiditis	Rhsumstic fever	Chronic rheumatic heart disease	Coronary disease and angina pectoris	Other nyocardial degeneration	Hypertensive disease	Variçose veins of lower extrenities	Haemorrhoids	
Int. Classn. No.	391	400-406	410-416	420.1, 420.2	22	440-447	460	461	

10 521	18.4 17.2 17.8	444	22.1	10.0 6.5 8.1
	Ni fee Da	2: f-, ft.	X1 br 04	Ni Dr. Dr.
e or Condition	is without I mastoiditis	fever	ematic heart	Isease and croris

ο,	30 Da
	pus
	disease
	5 5

4.6.6

8.9.3

5.45 33.73 14.3 6.2

5.0 8.50 7.8 19.9 14.2 15.1

9.19 44.0 19.47 0.00

840 40.5 8.9 288 5.50

440

400 80.8

2.4.2 10.0 84.4

50.5 20.0

15.00

8.014 92.0

5.2

bed see and
7
÷4 .
면병
2 4
9 6
5.6

400 9.9 25.3 5.7

2.5	5.6		
5.4	5.8	,	

9.00

2000 13.2

0000 8.0.0

000 185

.... 448 5.9 21.2 19.9 8.50

15.0 Rursl

> 20.0 5.1.5 1.5

25.12 Urben Midlend Middend

28.83

Semi-urban 25.4

Urban 7.07 5000 1.3

Total

Sura. 2222 8.1 0.00

Semi-96.00

Total

Rural 1000

Seni-9.5

Then

Northern

Southern

and Males

Table 11A. - (Contd.)

8.48 1.1 12.4

4,0	472	873	475	480-488	480-483,	200-200	200	201	502.0	502.1
Acute nasopharyngitis (common cold)	Acute pharyngitis	Acute tonsillitis	Acute upper respiratory infection of multiple or unspecified sites	Influenza	Pneumonia	Bronchitis	Acute bronchitis	Bronchitis, not specified	Bronchitts with emphysems	Other chromic bronchitis
XI be the	Mar a.	31 fe fe	×× a.	32 Se 0.	× 14 0.	32 04 O4	X 6. 0.	M to the	× 14. 0.	XI for five
88.6	28.9	32.3	22.1 20.1	38.09	5.4	70.9 65.2 67.9	19.6 21.2 30.4	38.5	0.0	14.3
8.55	25.54 4.4.1.	35.5 35.5	82 82 82 61 62 65	47.7 42.8 45.1	8114	88.88 5.85 8.50 8.50 8.50 8.50 8.50 8.50	8.28	38.8 39.2 4.1.4	20.0	11.2
77.2	41.7 43.3 42.5	888	6.9	20.7 18.3	5.04	45.8 42.8	144 448	21.3 21.5	0.5	04.4
22 22 82 4 52 75	28.5	34.6	9.8	38.0	8.5	8888 4448	23 83 8 7 9 9	82.23	5.7	1.5
90.8 89.1	88.88	38.5 44.5 41.6	486	45.6 35.3 40.1	7.68	55.6 61.1	15.3 15.3	28.88 2.1.80	0.0	5.83
107.0	933.6 97.1	46.9 51.8 40.5	237	88.6 46.0	8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	76.7 80.7 68.2	17.8 18.6 17.1	38.1	25.7	13.0
78.8	88.5	38.1 37.0	8.8	83.8	9.5	63.5	16.8	88.6	2.1	5.9
05.6 73.6 09.7	26.55 1.05 1.05 1.05 1.05 1.05 1.05 1.05 1	28.6 40.5 34.7	81.42 8.6.63	38.9	3.5	40.8 34.8 37.6	191	19.9	0000	8.9
71.9 88.7 78.1	26.1 29.1	82.5 83.5 83.5	21.2 20.2 20.3	35.9 37.8	9.99	51.4	11.5	82.58	7.00	6.60
87.8 87.6 80.7	22.22 20.23	38.6	28.8	25.15.00 0.4.00 0.4.00	9.00	69.4 64.3	85.53 8.7.53	37.5	0.3	11.3
78.1 80.0 78.5	15.8 19.9 17.7	888	12.0	26.08 5.53 5.00	11.1 8.8 9.9	80.4 38.5	10.0	18.5 15.9	*0.00 40.41	6.1
74.0	888	288 87.8	9.6	45.3 43.1	2000 E0 4 63	888	10.3 8.7 9.5	888 1.00	2.7	0.8

Printed image digitised by the University of Southernston Library Digitisation Unit

47.0

983.0 7.7 0000 73.7 20.5

94.0

5.64

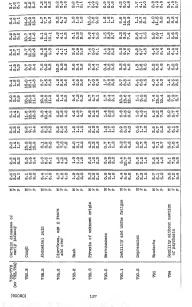
Printed image digitised by the University of Southernoton Library Digitisation Unit

(90090)

101 427

0.1

10.12



(90090)	

_	ă	В.	.,,			
Table IIA (Contd.)	Midhe	Total	8.7 9.2	28.5 28.5 28.5 38.5	30.5 16.4 23.1	41.7 78.7 61.2
- <u>-</u> -		Rura1	15.5	25.5 15.5 7.0 7.0	24.0 15.8 19.7	31.6 72.5 52.9
Table	H.	Sen1- urben	8.48	27.9	22.3 19.7 21.0	36.6 86.3 50.8
	Northern	Urban	8.0	24.8 19.4 21.7	18.5	22.2 56.8 40.6
		Total	10.2 7.0 8.5	25.4 20.1 22.6	21.5 17.2 19.2	27.3 50.6 44.9
	_		XI-L	XI for Ca.	21 See See	X in a.
		Disease or Condition	Fractures	Sprains and strains of joints and adjacent muscles	Contusions and crushing with intact skin surface	Non-SICMESS (including routing naterally cases)
	Int.	Classm. No.	NBOO - NB29	NB40 - NB48	N920 - N929	
(9)	090)				L28

15.5 7.3	25.6 19.9	24.0 15.8 19.7	31.6 72.5 52.9	
8.48	27.9	22.3 19.7 21.0	36.6 50.8	
8.0	24.8 19.4 21.7	18.5	28.2 56.8 6.6	
10.2 7.0 8.5	25.4 20.14 22.6	21.5 17.2 19.2	27.3 50.6 44.9	
X (* 0.	XI for Co.	22 fb. ft.	X = a.	

8	g.	000	888	888	2 2 2
	Total	10.8 8.6 9.8	33.3 38.3	20.6	48.1 77.3 50.8
	Rural	7.3	75.28 4.4.6	25.9 14.1 18.9	40.8 94.7
and Wales	Sent- urban	13.8 7.1 10.8	24.0 26.3	41.4 15.3 27.5	64.1 82.1 59.0
24	-				

Sent-urban 41.0 18.8 52.9

3888	
oise	
Selected	
for	
Sex and Type of Area f	
ě	
Type	
and	
š	
n by	
Rates per 1,000 Population by	
000,1	
per	
Rates	
Consulting	+ions
Pationt Co	and Cond
e 118 P	
Table	

			Precti	Prectices situated in:-	1m:-	
ALL OFFICES AND COMPITION - R H ALL OFFICES AND COMPITION - R H Thibrotholia of resistancy gradual Phinacolia chee form - P H Sounis forug		All		Areas outside	kress outside conurbations	
ALL ORGENES AND COMPITIONS - The control of a regular corp or a regular corp or a regular corp or a regular could be recorded by a regular could be recorded by a regular regular could be recorded by a regular could be recorded by a regular regular could be recorded by a regular	***	Macildes In Survey Comunications	Urben areas with population of 100,000 and over	With Population of 50,000 and under 100,000	Orben areas with population of under 50,000	Rumi
Otherothesis of respiratory spatem Theorothesis, other forms Scarlet fever Moroples, cough	X LL G.	634.8 609.6 701.8 785.6 670.3 683.9	592.6 767.3 683.4	711.7	582.0 740.5 662.0	567.2 704.4 636.8
Therendoils, other forms Sentlet ferer Whoping cough		55.00 0.00 0.00 0.00 0.00 0.00	48.4	400	8 8 8 8 8 8	2.5.8
Scarlet ferer Whooping cough		0.9	100	9.00	1.0	000
Whosping cough	M. fa. fa.	110	0.0	1120	221	100
	X 6. 0.	0.00 0.00 0.00 0.00 0.00 0.00	9.09.7 1.10.9	2.2	8, 89, 89 60 4. 4.	8 85 85 8 85 85
OSS Nessler		8.5 8.1 8.1 5.5	8.5	8.12	11.7	0.8 4.6 9.8

ntd.)

(90090)	1.8

7. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	12.1
8.1 2.0 2.1 2.1 3.1 3.1	12.1
o. 1164 p. 116	ι, Ω.
Pernicious anaenis Other ansemias	
880.0	

-:41	conurbation	Urban areas with population of under 50,000	5.5	888 8.0.9	10.8 9.8 9.8	8.50	84.85 85.83	+05.05 80.00	11.4
Practices situated	Areas outside	Urban areas with population of 50,000 and under 100,000	5.4	5.1	4.6	0.3	94.89 8.48	1.6.5	3.8 19.9 12.8
Practi		Urban sreas with population of 100,000 and over	4 10 10 0 10 81	6.8.9.7 7.8.4.4	8.88	1.80	4.0.6	4.05 6.05 6.05	8 8 8 8 8 8 8 8
		paurbetions	0 6 60	4.5 7.6 8.1	9 8 8 4 8 8 8	1.8	0.40	5.20	20 00 01 00 01 00 01

9444 800 8077 0021 844 1441 800

37.3	286.0 20.3	11.0	8.04	5.6	888	19.9	000	0.1	2.0	410.4 1010.0
27.2 61.0 45.4	10.3 25.1 16.3	9.3 23.7 17.0	5.00	3.0 5.8	9999	20.6 20.0	0.00	1.6	10.2 6.4 8.1	10 10 10 4 10 4
38.5	13.1 29.8 21.9	14.5 11.6	50 4 50 0 0 0	723	3.0	15.2 15.6 14.6	0.9	1.00	4.52.2	40.0
50.3	16.6 34.4 25.9	8.2 20.4 14.6	0.44	3.83	88.89	16.2 16.9 17.5	0.5	4.6.5	4.05	ខ្មាំខ្មាំ
86.58 8.5.58	38.5 28.5 5.6	8.0 18.5 13.6	4.ល.ល ខាល់ស	6.9	8.08	20.0 21.6 6.0.0	0.00	1.3	9.0	099
28-3 611.2 45.7	13.7 31.5 23.1	12.6	484	5.5	6666	19.1	8.000	0.9 1.1 1.4	40.0	503
Paychonaurotic disorders F	Anxiety reaction without M mention of sometic symptoms F	Asthenic reaction and Managed Figure 19 P	Vascular lesions affecting F central nervous system F	Mgraine	Sciation	Otitis media without mention of F mastoiditis	Rheumstic fever F	Chronic rheumstic heart disease H	Coronary disease and angina pectoris M	Other nyocardial degeneration H
310-316	310	318.3, 316.5	330-334	3898	382	291	400-402	410-416	420.1, 420.2	83
(9008)	0)				131					

			Rured	22.3 15.4	5.4 10.8	5.8	68.2 68.2 65.3	80.8 4.0.4	31.3 37.7 34.6	10.7
	in:-	conurbations	Urban areas with population of under 50,000	7.1 19.5 15.8	8.7 16.6 12.0	6.9	78.4 86.8 4.4	28.8 28.8 26.8	30.5 30.5 8.3	18.0 13.0 13.0 13.0
	Practices situated in:-	Areas outside comurbations	Urban areas with population of 50,000 and under 100,000	19.7	6.3 14.0 10.3	486	88.3 87.0	24.4 27.0 25.8	40.0 43.7 41.9	9.99 6.64
	Practi		Urban areas with population of 100,000 and over	28.0 28.0 20.1	8.0 17.4 12.9	10.5 8.1 9.3	86.8 101.1 94.1	22.2 25.7 24.5	35.4	15.8
Table 118, - (Contd.)			Comurbations	8.1 22.5 15.8	8.8 17.3	8.88 8.48	77.2 86.3 85.3	37.0 34.1	38.7.7	38.2
Table	al anthon	5	Practices in Survey	8.3 22.3 15.7	6.5 11.8	7.0	75.8 86.8 81.1	28.5 28.5 28.5	35.1 37.4 35.4	16.8 19.5 18.2
			Disease or Condition	Hypertensive disease	Varicose veins of lower extremities M F F	Haemorrhoids F	Acute nasopharyngitis H (common dold)	Acute pharyngitis F	Acute tonsillitis F	Acute upper respiratory infection H of multiple of unspecified sites F P
			Int. Classn. No.	440-447	480	461	470	472	475	475

0090)

(90090)

			Table	Table 118 (Contd.)	•		
					Practi	Practices situated	in:-
						Areas outside comurbation	comurbation
Int. Ro.	Disease or Condition		Practices in Survey	Comurbations	Urban areas with population of 100,000 and over	Urban areas with population of 50,000 and under 100,000	Urben aread with population of under 50,000
50-553	Appendictis	X in the	7.8.04	8.8	44.4	8.77	477.4 80.8
180, 581	Hernia of abdominal cavity	Min fi	3.4	11.6 4.5 4.5	11.5 3.6 7.4	11.4 3.8 7.1	3.5
71, 764	Gastro-enteritis and colitis (except ulcerative)	z s. a.	888 404	888 888	81.0 18.4 19.7	22.9 17.3 20.0	88 88 87 89 87 99 87 97 99 87 99 87 99 87 99 87 99 87 99 87 99 87 99 87 90 87 90 90 80 90 90 90 90 90 90 90 90 90 90 90 90 90
573.0	Constloation	214.0	8.68	10.5	7.1 9.9	8.6	10.8 9.3
90-294	Nephritis and nephrosis	XIL.	499	0.0	0.00	0.00	0.00
0.000	Pyelitis, pyelocyatitis, and pyelonephritis	XI liv (t.	1889	9.38	3.0	20.0	2.4 2.0 8.0 8.0
908	Cystitie	X in A	16.5	17.3	15.7	9.8	3.9 11.5

0.000 1100, 0000 45.00 0000 44.00 0000 0000 11117. 4040

Rural districts

834	Disorders of menstrustion	F 24.1	8.02	825.8	80.4	820.0	30.5
929	Menopausal symptons	18.5	19.9	22.3	16.9	18.7	15.0
640-649	Complications of pregnancy	8.2	7.9	8.4	6.4	6.3	9*4
650-652	Abortion	3.1	2.3	3.6	6.2	2.8	82
870-678	Delivery with specified complication	1.1	6.0	1.0	0.4	1.5	1.3
480-689	Complications of the pustperium	6.5	6.8	7.2	4.7	9.9	8.1
089		F 17.0	28.4 19.5 24.1	24.5 18.9 20.5	22.3 15.6 18.8	21.1 15.7 18.2	14.0
691	Callulitie of finger and toe	P P P P P P P P P P P P P P P P P P P	12.5	9.7	0.88.8	8.11 10.2 1.3 1.3	10.5
168-689	Other celluitis, abscess, and acute tymphedentiis	7.69.1	10.1 8.8 8.4	14.0 10.5 12.2	7.0 6.1 6.5	5.0 4.0 1.0	4.3
720-727	Arthritis and rheumatism, except rheumatic fever	25.52 0.4.6.	27.5 88.3 74.0	45.1 70.4 58.3	65.3 69.5	32.5 72.8 83.4	46.0 60.3 53.5
722.0	Rheumatoid arthritis	F 7.3	5.0	8.7	3.6	400	5.3
722.1	Spendylitis sakylopoietica	2 0 0 0 0 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2	0.00	555	000	8777	0.00
725	Ostso-erthritis (arthrosis) and silied conditions	F 14.7	18.7	7.1 15.0 11.2	4.4 7.5 7.5	8.2 17.2 13.0	4.71
725	Arthritis, unspecified	4.7 1.5.0	48.0	8 9 4	9.4.6	80 80 80 80 80 80 80 80 80 80 80 80 80 8	0.00
The second secon							

			Practi	Practices situated in:-	-iq	-
				Areas outside	Areas outside conurbations	
Disease or Candition.	Practices In Survey	S Committe tions	Urban areas with population of 100,000 and over	Urban areas with population of 50,000 and under 100,000	Urban areas with population of under 50,000	Baral
Lunbago	12.00 12.00 14.00	10.01 0.05 0.05	77.0	18.3 18.5	9.95	9.1 9.1
Other muscular rheunstian	F 28.8	26.7	28.6.8 28.6.8	37.8 34.1 35.8	25.8	19.3 20.5 19.9
Rheunatism, unspecified	7.00 T	6.5 18.9 10.5	9.84 9.89	10.4	5.1 10.8 8.1	4.8.8 0.85
Synovitis, bursitis, and tenosynovitis	7 4 4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	11.3	8.87.	888 884	666	10.8 10.8 10.8
Congenital malformations	P 2.4	21.8	1.55	111	91.57.52 8.0.44	2.0
Certain diseases of early infency	2 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	80.00	8.88	4 05 05 6 05 05	01 00 00 10 10 4	1000
Cough	F 100.5	8.00	8 9 7 8	9,00 00 4.03.4	18.4 19.4	477

(90090)

25.7	24.3 27.4 30.6	20.2	19.9	27.8 26.9	888 67.6	Miles de	Sprains and strains of joints and adjacent muscles	N840-1(848
13.5	11.2 9.3	7.7	10.6 6.8 8.5	8.8.8	9.00	32 0s ps	Fractures	Ne00-16229
5.0.0	55.73	888	8.1 4.8	85.00 4. 12.01 4.	98.4 9.6.6	30 64 64	Scallity without mention of paychosis	36
0.8.0	7.00	0.89	4.0.2	7.7	7.4	30) Say Ch.	Headache	791
20 00 to 00	3.4.5	0.05	23.50	5.0 5.0 5.4	4.2.2	XX fau pu	Depression	790.2
0.000	7.8	9.5	5.9 14.5 10.4	5.0 7.1	7.2	対はたん	Debility and undue fatigue	790.1
1100	2002	1.7	24.2	4.0.0	2.8	30 to 0.	Nervousness	780.0
5.6	8.8 8.8	488 686	8.8.4 4.8.4	8 4 4	5.4	30 Sec (5.	Pyrexia of unknown origin	788.8
0.000	9,000	2.3	01 10 10 02 10 10	8.57 8.57 8.58	6 6 6 6	XI In the	Rssh	788.2
111	0.000	5.0	313	4.8. 4.8.	311	NI Ga Ga	Diarrhoes, age 2 years and over	785.6
7.8	9.0	8.5	8.00	9.5	984	30 04 04	Abdominal pain	785.5

				Practic	Practices situated in:-	-10	
	_			•	Areas outside conurbations	conurbations	
Disease or Condition		All Practices In Survey	Conumbations	Urban areas with population of 100,000 and over	Urban areas with population of 50,000 and under 100,000	Urban areas with population of under 50,000	Rurel districts
Contrasion and crushing with intact skin surface	XI for the	28.1	19.8	20.6 18.7 19.6	26.7 17.9 21.9	24.7 17.8 19.6	29.3 16.7 22.7
Non-stokness (including routine materning cases)	20 Sec 104	88.9.7 83.4	28.4 88.7 48.6	22.0 57.7 40.6	80.4 68.2 49.1	35.1 55.4	47.1 85.2 67.0

Int. Classin. No.

sin Regional	Southern
Fable 12 Average Numbers of Consultations per Patlant Consulting by Type of Practice uithin the Main Regional groups for Selected Diseases and Conditions	Northern Midland and Wales
lting by Type of P	Morthern
per Patient Consu Conditions	_
rf Consultations ed Diseases and	
- Average Numbers of Consultations per Patient Groups for Selected Diseases and Conditions	
Table 12 A 6	
(900%))

Total		TQ.	W	Worthern		Mdla	Midlend and Wales	Wales	63	Southern	д
Clasen.	Disease or Condition	Practices in Survey Orban	Urban	Sent- urben	Rural	Urben	Rural Urben urban	Rursi	Rurel Urban	Sent- urben	Para
	ALL DISEASES AND CONDITIONS HAIGS Females	8.84	5.3	6.0	6.5	5.8	333	3.00	5.1	5.0	5.6
900000	Auberculosis of respiratory system	7.5	7.8	9.0	10.4	7.8	8.7	10.6	0.0	5.5	0.0
010-010	Tubercalosis, other forms	6.6	5.8	7.8	4.4	4.0	7.0	4.8	200	6.0	7.8
020	Scarlet fever	2.7	8.0	8.8	4.0	4.4	8.5	4.8	3.0	3.1	85 89
920	Mooping cough	8.0	8.8	6.9	8.9	3.8	4.6	90	80	6.9	5,4
085	Messles	200	3,0	80	83	8°	10	02	9.8	7.2	62 02
140-205	Malignant neoplasms including neoplasms of lymphatic and hasomatopotetic tiesues	11.8	12.1	0.4	12.5	9.8	12.7	e.	6.7	8 <u>.</u>	9.0
210-239	Benign neoplasms and neoplasms of unspecified nature	8.9	6.6	3.7	9.	2.7	9.6		89	2.5	5.
241	Asthra	6.8	4.	5.8	7.8	7.3	0.0	80	4.7	4.3	5.4
252	Thyrotoxicosis with or without goitre	5.7	6.7	5.3	5.3	3.8	8.8	9.6	4.9	6.9	4.8

	Southern	Sem1- urban	6.9	11.7	ις Ω	2.7	62	8.2
	80	Urban	7.2	11.7	4.5	89	8.0	3.0
	Wales	Purat	6.1	12.6	3.4	4.1	4.0	4.0
	Midland and Wales	Sem1- urban	8.2	13.2	4.0	4.	3.0	ю ю
	Midler	Urban	7.9	14.4 15.2 15.5 15.3 13.2 18.6 11.7	8.8	3.1	6.3	8.0
		Rural	7.7	15.5	3.9	4.1	4.1	4.
	Northern	Sent- urban	7.0	13.2	4.0	63	3.0	65 63
100) -	×	Urban	7.7	14.4	ş, 1	4.1	8.5	4.6
Table 12 (Contd.)		In Survey Urban	7.4	13.6	3.4	3.6	60 60	3.7
		Disease or Condition	Disbetes mellitus	Permicious anaemia	Other anaemlas	Psychoneurotic disorders	Anxiety reaction without mention of sequatic symptoms	Asthenic reaction and
	1	Classn. No.	260	290.0	290,1-295	310-318	210	318.3, 318.5

(90090)

8.6

11.4

4.2 | 5.3 | 5.3 | 4.0 | 5.0 | 2.8 8.6 2.5 8.8 12.3 2.7 0. 6.4 1.8 3.0

3.7 3.3 3.7 9.9 3.9 2.0

7.7 1.7 3.0

9,3 8.6 3.6 3.0

8.3 8,8

9.1

8,2 2.3 3.0 3.1

Vascular lesions affecting central unspecified psychoneurosis

330-334

140

nervous system

Migraine Sciatica

354 363

8.8 8.2

2.1 3.1

2: 2.7 8,2 8,3

6.3

3.0

3.4

3,1

Otitis media without mention

391

of mastoiditis Rheumatic fever

400-408

7.5 17.2 10.3 7.8 18.0 5.0 6.7

8.4

(8	410-416	Caronic rhsumatic heart disease	9.8	8.8	9.6	7.4	9.5	9.5 10.3	8.9	7.9	0.0	3.5
0090	420.1, 420.2	Coronary disease and angina pectoris	8.8	6.0	6.9	6.3	6.7	60	9.6	6.3	6.6	7.8
)	757	Other myocardial degeneration	6.7	9.6	11.7	6.3	9.0	6	9.8	8.0	6.4	10.9
	440-447	Hypertensive disease	6.3	6.7	7.0	6.9	6.1	6.4	8.9	2.5	8.5	6.9
	480	Varioose veins of lower extremities	8.8	3.0	4.6	8.8	5.1	3.7	60	80	80	3.6
	461	Remorrhoids	 1.	8.0	25.1	2.1	05 ED	0.5	2.0	1.6	1.6	05
	470	Acute nasopharyngitis (comon cold)	0.5	2.	8.0	1.9	1.9		0.8	1.9	1.6	60
	472	Acute pharyngitis	1.9	1.9	63 80	1.9	1.8	1.9	1.9	1.7	1.7	1.7
14	473	Acute tonsillitis	10	8.8	2.7	2.6	9. 9.	o2 4*	2.7	90	90	2.7
11	475	Acute upper respiratory infection of Multiple or unspecified sites	61	4.	% 4	2.1	05 ID	1.6	2.7	60 60	1.7	1.7
	480-483	Influenza	2.0	1.	10	8.0	02 02	8.3	6. 6.	9.	t- c2	9.6
	490-493,	Pheumonia	6.5	7.3	6.	7.6	6.9	6.8	5.5	9*9	4.	6.1
	500-508	Bronchitis	4.2	4.3	6.5	4:1	3.	6.3	9.	60	60	4.5
	800	Acute broachitts	3.8	10	4.3	80	8.5	4.8	9. 9	85 89	3.4	4.5
	100	Bronchitis, not specified	0.0	6.3	3,1	80 65	3.0	0.0	60	2.0	10	10
	502.0	Bronchitis with emphysems	9.6	9.1	11.1	10.7	10.0	7.9	4.2	9.7	6.9	13.4

	Table 12 (Contd.)	- (Contd.)	-		
	LLA	Northern	Midland and Wales	d Wales	Souther
Disease or Condition	Practices	1	1	_	- Committee

Souther	Semi- urban			
	Urban			
Wales	Rural			
g sud	Semi- urban			
Midland and Wales	Survey Urban Semi- Rural Urban Semi- Rural Urban Semi-			
	Rural			
Northern	Sem1- urben			
MC	Urban			
TTV	Practices in Survey			
	Disease or Condition			
	Dise			

Int. Classm. No.

(90090)

Other chronic bronchitis	9.4	0.	6.5	4.4	6.3	
*Multiple" bronchitis	12.5 14.9 10.5 11.3 11.3	14.9	10.5	11.3	11.3	
an of stomech and duodemim	6.9	6.2	7.8	6.5	5.2	

6.5	2.4
7.3	2.6
6.2	2.6
	u,

Uncer of stomach and duode

540, 541

502.1

.

"Multiple" bronchitis Gastritis and duodenitis

80 02 2.0 5.5 4.4 2.0 60

2.1

2,3 3.6 0.3 1.6 5.4 3.4 8.5 2.1 8.6

8 3.0 2:1 1.9 8.5 4.6 8.3 2.3 8.3 6.4

8.8 3.2 4.5 4.5 8.9 2.3 8.3 3.1 4.1

8.8 3.0 63 13,1

8.9 0.0 1.7 11.9 4.6 2:1 1.9

3.0

1.9 8.0 8.4 8 2.5

4.5 2.5 8,9 4.1 3.3 8.8 3.9 3,0

8.1 2.1 8,8

colltis

Hernia of abdominal cavity

561 764

571, 260 142

Appendicttis

550-553

8.3

2.1 8.3 4.4 2.7 8.8 4.4

6.3

8,3

1.9 8.3

2.3

2.5 3.8 62

Pyelitis, pyelocystitis, and pyelonephritis

805 88

Nephritis and nephrosis Gastro-enteritis and (except ulcerative)

Constination

573.0 590-594 0.008 2.8

Complications of pregnancy Disorders of menstrustion

640-649

Menopausal symptoms

5.5 4.8 8.8

12.1

12.2 5.1 6.0 2.4

4.2 8.8 5.0 1.8 3.8

5.1

6,5 11.5 4.8 8.3 3,5 5.3 2.4 6.0 2.5 8.6 0.5 4.5 4.3

6.9 9,8 6.3 3,50 3,8

7.0 8.5 7.4 8.3

4.4

8	8 1
00	an

4.5 4.6 5.1 4.3 3.9	2.7 3.0 2.4 3.1 2.6	2.9 2.9 3.1 2.6 3.1	2.5 2.4 2.5 2.7	2.5 2.8 2.8 2.7 2.8	3.1 3.5 3.2 3.4	3.2 3.4 3.5 3.6 2.8	7.6 8.3 8.9 8.1 8.7	4.2 4.5 3.8 5.5 2.5	3.6 4.0 4.4 4.1 3.4	3.4 3.8 3.6 3.7 2.8	2.5 2.6 2.6 2.8 2.5	2.1 2.2 2.0 2.2 2.0	3.0 3.3 3.2 3.8 2.5	2.2 2.3 2.3 2.5 2.1	2.9 3.7 2.9 3.9 4.5
TO THE STATE OF TH	Delivery with specified complication	Complications of the puerperlum	Boll and carbuncle	Callultis of finger and toe	Other cellulitis, abscess, and acute lymphadenitis	Arthritis and rheumatism, except rheumatic fever	Wheumstold arthritis	Spondylitis ankylopoietica	Osteo-arthritis (arthrosis) and allied conditions	Arthritis, unspecified	Lumbago	Other muscular rheumatism	Rheumatism, unspecified	Synovitis, bursitis, and tenosynovitis	Congenital malformations
Abortion	ñ														

(90090)

Rura1 3,1 1.5 8.0 9.1 5.5 100 2.1

Sem1-

urban 1.8 1.5 1.9 .. 1.6

Urban 1.6

Rura1 1.0

Rural Urban Semi-

2.1 1.8 1:3 1.8 4.5 1.7

8.8 8.3 1.8 1.4 8.0

1.0 1.9 2,1 1.7 2.4 2.0

8.8

1:3 8 5.1 1.7 6.3

Southern

Midland and Wales

(90090)

	:	:	5	5	
1.8	8.1	1.6	1.5	1.5	
1.9	8.3	1.9	2.2	1.8	

144

ri.	٩
1.8	6
1.8	٠
63	0
6.	
05 05	0
_	

2.1

1.7 1.6

3,6

..

2.3

80 1.2 1.5 1.8 4:4

7.7

1.7

1.7
0 1

^{5.1} 8.5 0.3 5.8 ē. 2,1 4.0 7.9 8.8 0.5 4.9 1.9

3.7 3.8 5.5 8.1

4:4 4:

8.0 0.0 3,8

1.8 8.1 1. 3.8

8.8

0.4

3,7

1:7

65.53

1.8 4.6

1.9 4.2

1.7 8.8

Contusion and crushing with intact skin surface

Non-medical (including routine matermity cases)

Sprains and strains of joints and

N, 800-N, 829 N. 840-N. 848 N. 920-N. 929

adjacent muscles

0.5 1,9 4.1

4.4 1.9 3.7

Senility without mention of psychosis

Headache

Table 13. - Consultations and Patients Consulting for Reasons other than Sickness

Reason for Consultation		Consultations	Patients Consulting
Medical or special examination without complaint or finding indicating need of observation or medical care	H F P	3,107 2,133 5,240	2,088 1,502 3,590
Skin immunity and sensitization tests	M	74	60
	P	50	38
	P	124	98
Prophylactic inoculation and vaccination	M	8,787	3,672
	F	9,037	3,785
	P	17,884	7,487
Follow-up examination after operation, injury or disease, not needing further nedical care	M	253	110
	F	200	105
	P	453	215
Carrier or suspected carrier of infected organisms	M	14	7
	P	22	. 14
	P	36	. 21
Ante-matal, confinement and puerperium care without complication	F	50,198	8,038
Other person without complaint or sickness	H	251	148
	F	132	105
	P	383	253
Socio-medical care	F P	638 1,569 2,205	511 1,138 1,649
Fitting of prosthetic devices	M	67	33
	F	58	27
	P	123	60
ALL REASONS	M	13, 189	6,318
	P	63, 397	14,128
	P	76, 586	20,446
All reasons as a rate per 1,000 population	P	200.1	53.4

(90090)

N	per	per 1,000 Consultations and per 1,000 Diseases and Conditions diagnosed.	tions a	nd per	000'1	868888	and Con	ditions	diagnosed.	eq.		н
National Property Nati	1		ALLA P	ractica			North		Midland	Midland and Wales	68	- 1
Main 1999 1,100 1,200			×	fa.	a.	×	ía.	a,	×	£L.	۵	-1
1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	ALL A6	2										
Proposed Services (1992) 1992 1993 1993 1993 1993 1993 1993 1993		All types	7,245	9,085	18,310	3,207	4, 197	7,404	1,256	1,469	2,725	60
111 Universe 12 11 11 11 11 11 11 11 11 11 11 11 11		Urban Sent-urban Sural	4,324 1,467 1,454	1,910	9,776 3,364	1,965 785 487	2,595 955 647	4,530 1,740 1,134	284 284 284	581 443 385	1,230 846 659	ਜੰ
Selectors 115 101 111 110 10 110 110 110 110 110	000	All types	51	#	11	11	9	9	==	10	9	
11. Upper	tons	Urban Semi-urban Rursi	2112	198	###	222	999	유큐큐	133	###	#°#	
Professionary St. 25 25 25 25 25 25 25 25 25 25 25 25 25	000	All types	88	8	턵	31	92	8	8	88	83	
All Uppea 1,100 1,100 2,000 770 550 1,284 2 1,284 1 1,100 1 1,		Urban Send-urban Bursl	888	288	888	888	3,22,23	82.50	888	888	888	-
ALL Types 1,167 1,	₽											
Department (1987 774, 1,850 of 10, 1587 of		All types	1,638	1,208		738	228	1,294	88	8	610	_
All types 12 10 11 18 10 11 11 All All types 24 19 28 24 19 22		Urban Seni-urban Rural	381	288	1,630 610 906	201 125 125	\$ 35 E	\$ 98 g	3165	42,728	267 145 117	
All types 24 19 22 24 19 22	1,000 clons	All types	27	9	#	31	01	#	#	Ф	9	
	1,000	VIT	22			8	119	88	88	19	E.	

352 2 386

121 B 288

 55 55 BB

Ago, with Rates

South

(90090)

	759	517 73 169	22	8		222	F2 8 8	15	δ.		286	398 127	\$	88
	1,003	236 238 238	#	£i.		18	286 264 167	#	18		490	213 131 136	0	8
	617	287 167 163	#	83		368	241 257 88	#	8		88	710 100 170	60	18
	286	171 139 76	#	22		355	815 8	#	6		552	888	#	46
1000	2,763	1,696	83	8		1,963	1,234 43,43 285	6	£	penoco	1,394	834 198 198	o	23
	1,866	1,136 419 311	52	328		808	627 219 147	0.	88		780	478 192 110	60	8
	967	1398	#	88		960	1285 138 138	9	l io		614	356 170 88	я	S
	5,917	3,557	ä	8		4,326	2,648 818 858	11	18		3,225	1,941 628 854	#	44
	3, 875	2,307 708 865	13	88		2,184	1,320 418 448	9	83		1,798	333	10	40
	2,042	1,250 411 381	9	82		2,140	1,328	ş	8		1,425	288 286 280 280	13	200
#1-5	All types	Urban Sent-urban Bural	All types	All types	15-6	All types	Urban Seni-urban Rursi	All types	All types	AGE 65 and OVER	All types	Urben Seni-urban Rural	All types	All types
AGE 15-49	Administra	O TOTAL O TOTA	Rate per 1,000 consultations	Rate per 1,000 diagnoses	AGE 45-64	Admissions		Rate per 1,000 consultations	Rate per 1,000 diagnoses	AGE (Admissions		Rate per 1,000 consultations	Bate per 1,000 diagnoses

1,648 1,128 408 1,138 1,

켮

2,151 1,401 190 560 14

1,382 1117 391 144 88

(90090)

88 58 88 58 88 50

763 74

per	
Rates	
and	
Admissions	Diseases.
Total	cted
10,000	In Sele
per	erta
Rates	e for C
Sex	ractic
à	٠ پ
Numbers	by Type o
Table 15 Admissions to Hospitals. Numbers, by Sax; Rates per 10,000 Total Admissions and Rates per	ons Diagnosed
dmissions	nd Conditio
1	ō
2	
Table	
.8	009

49		١
ase		ì
S S		l
8		I
per 100 Dis		١
ss be		l
ž		ı
nd Ra		I
å		ı
8		ı
8	1863	١
E P	300	ı
-	٩	ı
ğ	cte	1
8	9	ł
0	=	1
-	rta	1
9	e for Cer	1
ate	ē	1
	by Type of Practice	١
Sex	act	١
ģ	ā.	ı
ě	6	ı
ą	ž	ł
ž	ķ	1
ls. Numbers, by Sex; Rates per 10,000 Total Admissions and Re	eg	ļ
ţ.	nog	
dso	ja	
ž	2	
	÷	1
las lons t	ğ	
ë	č	
Ad	ä	
e 15 /		
2		ı
able		į
ř		į
.8	009	c

lons and		Rate p cond	All Practices	m
otal Admissited Disease		Rate per	total All admissions Practices	10,000
Table 15 Admissions to Nospitals. Numbers, by Sox; Rates per 10,000 Total Admissions and and Conditions Diagnosed by Type of Practice for Certain Selected Diseases.			Disease or condition	ALL DISEASES AND CONDITIONS
uns to Ho Iltions D		Ht.	Mo.	
Admissic and Conc		ų	d d	7,245 9,065 16,310
1.		Number of	kdmissions F P	9,065
Table		2	×	7,245
90090	0)			
ninted image	digitise	ed by the	University	of Sout

per 100 diseases and Persons 291 [001-008] Tuberculosis of respiratory system

dlagnosed

ಬ

Urban Semi-urban Rural ditions m Malignant neoplasms including neoplasms of lymphatic and haematopoletic tissues

Tuberculosis, other forms Whooping cough Scarlet fever

010-010

뒪

> large intestine, except rectum

Malignant neoplasm of stomach

140-205

약

양

Š

rectum

48	46	8	47	60	22	14	4	25	02	2	_	02	+1	222	10
41	98	19	28	80	4	10	1	12	*	14	•	=	-1	13	4
4	9	88	-69	ю	53	10	ю	8	7	12	0	Ŧ	+	17	4
25	17	24	48	ю	#	я	62	88	H	16	0	-	-1	22	9
188	82	216	8	19	32	15	#	168	158	184	4	Ф	43	15	88
Malignant neoplasm of lung, bronchus and traches	" * breast	Benign neoplasms and neoplasms of unspecified nature	Uterine fibromyoma	Astuma	Thyrotoxicosis with or without goitre	Diabetes mellitus	Pernicious anaemia	Psychoses	Psychoneurotic disorders	Vascular lesions affecting central nervous system	Migraine	Sciatica	Otitis media without mention of mastolditis	Fheumatic fever	33 410-416 Chronic rheumatic heart disease
86 162, 163	170	210-229	814	241	252	260	2900	300-309	310-318	330-334	100	363	397	400-408	410-416
8	128	516	121	86	19	148	18	274	258	8	9	25	2	55	18
0	126	398	121	88	57	8	14	174	160	172	03	10	8	33	88
92	02	118	1	37	4	S	4	8	98	88	4	4	#	13	20

(90090)

		Table 15 (contd.)				
				ď	Persons	
	Int.	Disease or Condition	Rate per	Rate pe	te per 100 conditions	Rate per 100 disease conditions diagnos
0.	ę.		total admissions	All Urban Semi-ur	Urban	Sem1-ur
214	214 420.1,	Coronary disease and angina pectoris	131	80	æ	7
8		Other myocardial degeneration	98	작	4	*
06	434.1	Congestive heart failure	20	Ħ	13	80
8	440-447	Hypertensive disease	27	Ħ	+	62
187	460	Varicose veins of lower extremities	115	4	4	60
149	461	Baemorrholds	91	10	0	4
15	470	Acute nasopharyngitis (common cold)	6	۰	۰	•
82	473	Acute tonsillitis	25	+		•
4	480-483	Influenza	32	٥	۰	0
360		480-486, Pneumonia 763	25	91	17	ST .
218	209-009	Bronchitis	134	+	ve	+
22	200	Acute branchitis	88	F	н	+
28	201	Bronchitis, not specified	8	c	c	0

(90090)

(90090) ed image digitised by the University of Sou

151 brary Digitisation Uni

Ĭ	П		Rural	82	φ	02	18	88	32
		Rate per 100 diseases and conditions diagnosed	Sem1-urban	19	4		14	32	21
	Persons	r 100	Urban	18	4	02	23	98	24
	Per	Rate pe condi	A11	18	4	H	£1	8	25
		Rate per	total All Gent-urban Rural	145	129	8	158	140	19
Table 15 (contd.)		Disease or Condition		Uterowaginal prolapse	Disorders of menstruation	Menopausal symptoms	640-649 Complications of pregnancy	Abort1cn	enc.ero helitaers with specified compilestion
		Int. Classn.	92	193	624	929	640-649	650-652	orropro
			a a	128	211	56	248	623	1
		Number of	in the second	287	211	99	248	622	i
		8.2	×	1	1	1	1	-1	
	-(1	90090)						1	52

Osteo-arthritis (arthrosis) and allied

conditions

Spendylitis ankylopoietica Rheumatoid arthritis

> 728.1

ŝ

Arthritis and rheumatism except rheumatic

fever 720-727 722.0

Boll and carbuncle

24.2

ı

		8
		0
		ě
		ρ
	ı	
	ı	
	١	
	ı	
	1	
	1	
	1	

0	۵	02	18	80	10	63	ω.	19	-	H	
**	4	02	17	۵	4	62	4	14		н	80
0	80	+	18	ю	41	60	4	17	Ħ	н	80
0	4	62	17	4	٠	ю	4	17	=	4	80
60	46	38	92	80	89	31	51	328	88	នី	22
Lumbago	Displacement of interverbebral disc	Synovitis, bursitis and tenesynovitis	Congenital malformations	Certain diseases of early infancy	Abdominal pain	Pyrezia of unknown origin	Senility without mention of psychosis	NBOO-NESS Fractures	NB40-NB48 Sprains and strains of joints and adjacent muscles	N820-N829 Contusion and crushing with intact skin surface	Burns
726.0	725	741, 742	750-759	760-776 (ex 763, 764)	786.5	788.8	784	N800-N829	N840-N848	N920-N929	N940-N948 Burns
133	75	8	138	ь	11	20	88	280	8	ᅜ	99
4	82	38	送	Ħ	23	15	47	878	17	뛶	87
6	48	8	46	92	82	32	36	308	\$	98	88
(900	90)					1	.53				

(90090)

THE SHIP	8	8			¥	
2	ğ	8			ā	
18	§ a	8.8	38	- 8	21	
1	£	a		н	è	
ķ	ž	8	+	-	ă	
1,000	ğe	8.0	11 15	*5	6 8	
ě	2	R	' to		z	
?	É	R	•	*	8	
1, 38 88	g #	92	23	a B	88	- wallh:
100	ě	25	-		8	and an
150	8	8	•	**	2	rigures f
117	£ 8	#8	83	18	報報	a figure for actual numbers and not casts of figures for expension morths.
ž	E	я	•	"	ä	100
3 3	98	92	51	• ĕ	ER	AUTHA ESS
ř.	1,047	\$	s	Ħ	81	Steads ere
3,430 1,779	200	100	z	R	8	١.
30 14-145 S	12,500	15	81	3	1,000	
ź×.	ź*	g vs	ś.	ģ×.	ğ n	
SEC NO-335 Articular risembles	Nor-tellotter rhemation	Streets	stanotomete.	patanea	syrects of wakened crigits	
4E-3E	227,207	ž.	2	ě	1397	
2750	à	3	3,	3	2	
100.0	2	3	3	3	76	
3	77	97	77	3	2.0	
(9	0090)				

	121	3						п	-		2	š	8	•	n
TEO TEO	2000 mm	E				,	-	g.	я		9	ğ	0		8
	Total Post Co-	61	4.0		- a		× 8	il s	8 il		Ħ Ĥ	1,186	2 2	8 5	9.8
	111	r.		-				п			s	á	8		,
500	H	8	#	-		•	•	9	ä		ä	ř	t	*	R
	Designation of the last	8 8	8 8		• =			19	1 8	,	B H	111	F F	2 2	# 8
	00 000 000 000 000 000 000 000 000 000	n		4	3			2		-	1	2	s		ŧ
rotear	No. of the last	8		*	2		*	100	n	-	š	ij	0	8	4
1	them them them	9.8	11.55	8 5	# E	•	- 8	2 1	2 5	* 8	§ 8	51	10.00	1 9	3 5
r	PACIFIES No. Con.	2						ž			8	1	8		8
1000	Manage Ma Manage Ma Ma Manage Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma	2	:				-	z	я	-	ă	8	9	2	я
1 "	Part of the last o	8 8	8 8	•	- 2	•	- E	# 8	8 5	- 8	1 S	8 8	8 5	2 3	8 8
(12000) - Mail sign	10,100	2			2			n		-	п	zi	я		ъ
Talk BODEO	Thirt and a second	u	٠	,	2		4	8	8	-	1	p	ų	•	8
	\$50.00 CB000 CB000	2.5	8 2		2 6		- 8	2 4	8 <u>8</u>	" ₽	8 #	171	8.8	3.5	# 5
	Pettants test time tet time	R			q	,	-	0			a	12	ε		21
EM-MA	111	8			8	•	-	×	k		ñ	8	k		8
	1777	2 8	2.8		# g	•	* 5	8 8	# g	•	ij Š	2 2	9.5	× 2	\$ E
	Telling in		w		=			s			ä	Ħ	ħ.		9
	Part of the same o	E			2			80	E		g	2	я		2
	Pout constitue time	5.3	11 25		11	1	" 2	€ 9	8.8	•	26 %	ž 8	3 8	2.8	2.8
	contract	4-	ģ×	4.	š ×	ź×.	d.	d.	á =	ź w	g.	ź.	£ 14	4.	g w
	Blasses or COL	36744 685587	Cashie free	Sorbita dassa	Sydneds wither ranching	sections species.	Lecturals and Contrasts	Consisted suboline and Shesshada	Manufathi siletals	and dame	Caronary heart Linean	minerior de	Palentile dis Transphishits	Tenna Dradaila	aleming
	ij,	ŧ	8	ě	76	8	4	. 8	2	1	ğ	min	40,414	\$	â
(9009)	(90090)							156							

Printed image digitised by the University of Southernston Library Digitisation Unit

8	~	20	¥	2	*	*	*			
Ē	9	ě	ř	n	•	•	18			
9,0	z <u>z</u>	1,100	100	2 8	×ĕ	H S	2.9			
z.		118	9	2			#			
8	2	ğ	8	R	2		64			
E 15	e E	1,554	1,179	5 3	8 8	= 9	25			
3		3	3	8		**	9			
8		8	ğ	8	•		5.0			
8 8	2 3	§ 8	5,004 UI	o g	8 8	# g	ij a			
2		100	629	z	ю	¥	30			
ä	=	ű	8	R		,	:			
8.5	n g	17120 SE 71	1381	1 2	3.6	2 2	8.8			
£		74	8	a	*	*	5			
8	r	100	1	k	10		ε			
38	28	§ 2	8 8	2.5	* E	пВ	ă s			
8	ю.	997	3	ĸ	n	и	\$			
8	٠	ř	Ę	li .	•	и	s			
1,8	ag	9 a	5 2	18	8 2	* \$	9 6			
z		82	ş	8	-	*	3			
ŧ	•	B	ž	a	•		8			
å s	8 4	1,73 001	1,009	8 5	• 8	- #	9.9			
d×	4 *	ś*	án	ź×	g =	<u>ś</u> *	á.			
Pageta sono	Erythese sathern	Articular	Mon-medicalist Phoppings	Spireturia	gametonesta	Sylasts	Prezis at			
200-042	108.2	210-118	725, 727	335.0	100	986.8	185.5			
(90	(90090)									

1 2 2 they letted a large projection of papers who had described provised to SH 25 asis (is. - commitmisse, Treat patients Committing, and restants Generalities for the first, by seeks for fortula belonded flowers comerting in 6 belonded Freedings in the Reviters. Are devised the dominant of the Service seeks for the service that the format years. HI. Post Line 22 ä 35 21 88 25 emendating their desire. Det the sisted weddidny, has the lines than daring the curve of the aurey year, in expension he the the third seath fine that he the test seath of th 100 E 28 88 55 ER 88 35 88 8 5 45 ES 88 58 82 E8 * recordings are head in the Average markly Countitations for the year-軸 or Couttoon arrieral enfoldes Landstac Crimo Dat they are those 蜡 1961 ğ ž 8 7 Pulletta sesa for the I list. ä 1 W 3 2

	8	š	٠		-	2
	E	£	•	•	*	2
	8.5	ğs	ag	-8	• 8	83
	p	Ħ		,	-	n
	li .	g.	•	*	*	2
	58	12 5	пъ	19	• 8	8.5
	ŧ	81		*	,	2
	100	ä	•	*	*	8
	ş s	ij p	t g	# 9	* g	e g
	ž.	25	٠.	•	4	8
	116	R	•	-	*	*
	ęź	ñ s	-8	•8	•8	u n
	R	gig	-	-		٠
	93	ŧâ	-2	*8		22
	1	ą	8	8	•	ε
	110	1,000	=	n	3	8
	3	20	9	Ħ	g	ş
	g'*	ź×	ź*	d×	å×	ź×
	25.5 TOPTR ATTENTO PROMISE	Spentifetie Hematise	Appendix	Secutaments	Management	Article of unknown serigin
	ST-OF	700,127	9702	786.5	į	709.4
	2	3	3	3	2	3
	189.3	1111	1	2	3	2
	2	2	3	2	2	2
(900	90)				

a Totala and sector), numbers and not casts of figures for coperate medito.

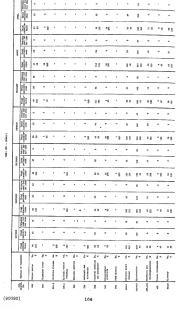
ted image digitised by the University of Southempton Library Digitisation Unit



repeties of should they essentied the tre that abstitles at my time prior-ther became a being eccentrics of replicits she had committee executions. The same 25 28 55 58 Tatal ettante : 8 Send Country 45 25 58 311 28 Dat seed 5 lact decision, for the exchait condition, for the first time contra the curves of the m for the first model, they judy acts they are the most no for typicales most. For zi: ą 3 ni. 48 8.0 FR 88 8 Seesal Committee 25 85 88 8B H 20 8 : 8 2 1 s 1 8 ē 8 9 ă 8 10 d= d= d= d= 4+ Manager at 17 Street or Confillor Dr. Outer Second stanto etsur Clear that are then a di 1.00 3 8 8 ž Publishis som får the fa Li Link period. Ress 2 2 2 6-6 27.00 2 2 1 500 77 3

165. - Escaladios, Edd Polisio comitto, and retirate Generalities for the first time, to easile for Certain Salached General processing to 11 Salached Penalises in the Sidend Ares dering the force; Year





=	-	8	p		**		
r	10	f	Ħ	۰	*	-	а
8 8	- 8	2 ×	E r	9.5	r E	-8	88
8		a	8			-	'n
2		g	š		-		8
3 8	= =	2 2	8 8	* 5	* 8	F 92	t a
	*	3	91				2
8	•	×	ž				2
2 5	8 8	g a	12 81	8 #			z s
2		8	#		-		н
1	•	8	ñ	:	-		s
3 5	* 6	g s	8.9	8 8	. 1		8 2
9		8	8			,	×
2	-	ħ	R	n			100
g ø	r g	£ a	ų s	8 9	-		s s
	-	8	fi		•	,	z
8		E	ä	,	,		13
8 =	s ii	8.8	# #	11 18			8 8
	9	9	ā			•	z
8		ij	ä	-		,	н
ă t	• #	8 8	§ 2	* 5		,	£ 2
į×.	å ×	ź×.	2 =	ź×.	ź×.	4×	<u>ś</u> =
MELSEE PRESS SONT	Depthers follows	Artentar	TALTET Surveridellar Perantim	Spinnaria	Newsterrote	Holann	Specia at waters crigh
1960, 1943	936.0	TO-105	126, 167	0.007	11.5	27	238.0

(90090)

165

100 100 segmentam or shelter they concepted big for their emblidtes at my tits prior-ther testade a task appearing it patients whe had consider presidents. 100 18 5 19th - Committed by Paris Described, and Parisons Committee, nor then then, by wasten for Contain Salashad Massaca according to 26 Salashad Promittees for the Salashan Aren derived the Sarany Year 7 = Age lays H 8 9 ŧ 100 g to the Ge Ties and Day 1909 alone that he than the fertial the derivative of the samesy one of the their the ties of the their the ties of the their than the ties of PATRICIAL PROPERTY. ij The same 85 10.00 #8 Pitt. 9 2 ĸ H 83 24 25 28 5 8 • Ħ 100 5 4 į ij 9 -30 COURTS WITHOUT SANGERS Medidar Cree Drawn Janes 2000 Color CANCELLAND OF DAME IN THE AVERAGE MANAGEMENT to that period. Then Camers are de-11 3 60 2 B 3 š 2 2 ŝ leke I 166 (90090)



Printed image digitised by the University of Southernston Library Digitisation Unit

=		8	9				=	
		£	8	я		*	2	
ă s	8 8	8 8	8 2	= =		n g	nz	
z		8	5	3	-		a	
9	10	Ħ	8	3		*	8	
8 8	28	6 5	9 5	28	4 15	- 5	2.8	
8		8 .	6		4		:	
100	+	8	ı	8	•		1	
8 5	* B	ž z	# 5	2 8	" <u>B</u>	" S	z g	
z		F	ā	ń	-	*	1	
200		8	2	s	01	*	8	
# 8	- 2	\$ 12	8 18	2 8	* b	- 8	8.3	
£		:	9		-	,	25	
9	-	ž	18		-	,	1	
1 8 11	~ <u>b</u>	ă a	g s	# 8	- 2		28	
8		р	8		**	ч	2	
8		8	Ę	:	=	-		
10.00	D 10	8 8	18	9.0	- 18	10	ü s	
ii.		202	200	3	-	4	B	
8	•	2	84	s			8	
ä s	- 8	9 5	ž s	R S	* 9	* 8	# 5	
ź×.	4.	ź×.	4*	á ×	4 *	ź×.	ğ×	1
payers Peptie steer	Egition soletin	Artesta	Paractista Pasatis	Syleterie	Spendermatia	Balaena	Presits of whose erigin	
140,941	ž	SET-COTT.	786, 707	9.286	2787	186.1	4.00	
(90	0090)							16

APPENDIX I

List of Principals and Qualified Assistants who took part in the Survey

(a) Principals

(a) Principals

S. Abrobhama
S. M. K. Adheson
G. A. S. Kenoya
Jung Alexander
J. Advisions
J. A. M. Bandington
J. M. Berry
J. Advisions
J. M. Berry
J. M. Berry
J. M. S. Black
S. S. Black
S. S. Black
S. S. Brown
J. B. Brown
J. Pardon
J. P. Brown
J. Pardon
J. P. Brown
J. Pardon
J. P. Brown
J. R. Burne
J. C. S. Burton
J. J. Burton
J. C. S. Burton
J. J. M. Glow
J. Contract
J. M. Gold
J. M. Glow
J. S. Brown
J. M. Glow
J. Contract
J. J. M. Glow
J. J. M

(90090)

Principals

Manningham R. F. Fairweather F. Falik Burnl av M. J. Falkner-Lee Christchurch G. Fildes Bol ton J. Findlater Carnforth D. T. Finer Beckenham E. K. A. Firth Cowley R. D. Forster Matlock Carnforth P. T. Fraser A. Fry South Norwood Beckenham J. Fry A. Fullerton Batley E. Gencz Dartford W. W. Gerrard Banstead Macclesfield Dunmow A. C. G1111es G. H. Going R. N. R. Grant Workington Batley G. F. Green M. G. Green Ormskirk Leeds A. Greenwood E. J. Guest Cirencester R. W. P. Hall N. Hargreaves Windermere Milnthorpe S. H. Harrison T. L. Henderson P. N. Holmes Mansfield South Norwood Milnthorpe Cirencester R. E. Hope Simpson P. Hopkins Hampstead Elizabeth J. Horder Hampstead Hampstead J. P. Horder R. Horn Ipswich C. R. G. Howard Ringwood D. D. Inch Leeds E. Isherwood Blackburn W. L. Jack Kington Christchurch M. S. Kay Agnes T. Kennie Pai gnton W. W. King-Brown Peckham S. E. Knowles A. J. Laidlaw Peckham Worcester Marjorie F. Landau Manchester F. W. Lapage D. A. Lawrence Al ford Dartford J. Leary Halifax F. H. Lee Long Eaton J. C. Leedham-Green Sou thwold H. Leiper Bury G. W. Lewis T.eeds W. Limont. Southport

J. B. Longmore

W. J. H. Lord

A. I. Macleod

Printed image digitised by the University of Southernston Library Digitisation Unit

G. L. McCulloch

P. Y. Lyle

Shrewsbury

Sou thoort

Clevedon

Al ford

March

Principals

Frincipals

I. G. McGregor

I. G. McGregor

I. C. Holme

J. Holme

J. J. Hargetts

R. J. Stephen

R. Tannarbann

Racci esield

Mansfield

R. T. Tate

South Mansfield

F. F. Temple

Ornskirk

Printed image digitised by the University of Southernston Library Digitisation Unit

Principals

J. C. Turner J. C. Turner Southall Leytonstone J. Waddell Manchester E. O. Walker C. W. Ward Hythe, Hants Harrogate P. Watson Mans field Shrewsbury Ibstock Thaxted Stretford Bolton W. H. Watson C. A. H. Watts M. A. Weller W. T. Westwood A. Whitewright Brough, Yorks J. M. S. Whiting J. W. Wigg Hampstead A. Wilkie Droylsden Shaw. Lancs. W. K. Willan Shaw, Lancs. G. M. Williams Portmadoc M. Williams Harpenden J. Wilson Bradford L. A. C. Wood Penshurst Sidney L. Wray Carnforth

(b) Partners or Qualified Assistants who co-operated

Bentham

Hull

Rull

P. B. Bailey L. M. Barrett A. R. M. Bateman Stella M. Benson Cooke J. R. Birkett

P. M. Wright

D. F. Yuille

D. Yuille

Margaret E. M. Blanden J. D. Borham Marian R. Brown N. Chisholm Sheila M. G. Crosland

K. D. Davies J. G. Dawe Yvonne H. H. Dixon J. Freeman

K. Garmon
P. Jane Grubb
M. Headlam
Frances M. Hill
C. Hindley

Printed image digitised by the University of Southernation Library Digitisation Unit

Joyce Honey

J. H. Bighes J. E. Lee Gertrude M. S. Leedham-Green June M. MacTaggart Sylvia R. McLeod Baikie Nora Mason

J. J. Medalia
R. H. Mocdie
W. D. O'Regan
L. B. Prescott
Alexander Reid

A. W. Robertson J. L. Russell O. J. Ryder K. Scott Oillian M. Stevens

A. P. O. Stewart Mary W. Sturges G. P. Tannen H. K. Thompson

APPENDIX 11

Members of the College of General Practitioners who took part in the organising and planning of the Survey.

G. F. Abercrombie D. L. Crombie R. M. S. McConaghey

R. J. F. H. Pinsent

G. I. Watson

C. A. H. Watts

APPENDIX 111

The constitution of the standard regions of England and Wales used in this volume is as follows:

REGION V London and South REGION VIII SECTOR 1 Northern Cumberland Eastern Brecknockshire Essex, Part of4 Carmarthenshire Durhan Hertfordshire, Part of5 Glamorganshire Morthumberland Westmorland Kent Monmouthshire London Admin. County Yorkshire, North Riding Anglesey Middlesex Caernaryonshire Surrey Cardiganshire REGION II East and West Ridings Sussex. East Denbighshire

Sussex, West Yorkshire, East Riding Flintshire Merionethshire Yorkshire, West Riding Mont gomervshire REGION III REGION VI Pembrokeshire North Midland Radnorshi ra Southern Derbyshire, Part of1 Leicestershire Berkshire

Buckinghamshire Lincolnshire -Dornet REGION IX Parts of Holland Parts of Kesteven Parts of Lindsey Oxfordshire Midland Southamp ton Herefordshire Shropshire Wight, Isla of Morthsontonshire Staffordshire Nottinghanshire

Warwickshire Peterborough, Soke of Worcestershire REGION VII South Western REGION IV Cornwall Devon REGION X Red fordshire Moucestershire Worth Western

Cambridgeship Ely, Isle of Chashire Wiltshire Derbyshire, Part of6 Essex, Part of2 Lancashire Hertfordshire, Part of3 Huntingdonshire Morfolk Suffolk, East Suffolk, West

1. All except Buxton M.B., Glossop M.B., New Mills U.D., Whaley Bridge

1. All except DENICON H.K., GLOSEOP, H.K., New MILLE U.L., wherey princes U.D., and Chapel en le Pritt R. R. West Ham C.R., Chingford M.S., Wansteed and Kodford M.S., Leyton M.S., Malthamatow M.S., 11ford M.S., Barking M.S., bagedham M.S., Waltham Bölly Oress U.D. and Chigwell U.D. S., All except Exerce U.D., Beachty U.D., Cheshmit U.D., East Barnet U.D., S., All composite Exerce U.D., Beachty U.D., Cheshmit U.D., East Barnet U.D.,

and Elstree R.D. 4. All areas stated in 2 above.

All areas stated in 3 above. All areas stated in 1 above. DB 90090/1/Wt. 3887 K.8 3/58 DL 174